

Lefebvre Robert Leo
Form 5
April 26, 2006

FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Check this box if
no longer subject
to Section 16.
Form 4 or Form
5 obligations
may continue.
See Instruction
1(b).
Form 3 Holdings
Reported
Form 4
Transactions
Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB
Number: 3235-0362
Expires: January 31,
2005
Estimated average
burden hours per
response... 1.0

1. Name and Address of Reporting Person *
Lefebvre Robert Leo

(Last) (First) (Middle)

63 OAK VIEW DRIVE

(Street)

FT EDWARD, NY 12828

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading
Symbol

COACH INDUSTRIES GROUP
INC [CIGI.OB]

3. Statement for Issuer's Fiscal Year Ended
(Month/Day/Year)
12/31/2005

4. If Amendment, Date Original
Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer (give title below) ☐ Other (specify below)

6. Individual or Joint/Group Reporting

(check applicable line)

☒ Form Filed by One Reporting Person
☐ Form Filed by More than One Reporting
Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	(A) or (D)	Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	10/22/2004	Â	A/K4	1,035,294	A	\$ 1.19	1,035,294	I	Owned by Spouse: Carmen B. Lefebvre
Common Stock	01/10/2005	Â	A/K4	258,823	A	\$ 1.19	1,294,117	I	Owned by Spouse: Carmen

B.
Lefebvre

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.SEC 2270
(9-02)**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)
					(A) (D)	Date Exercisable Expiration Date	Title Amount Number of Shares
Option	\$ 0.98	09/01/2004	Â	A/K4	300,000 Â	09/01/2006 09/01/2014	Common Stock 300,000
Option	\$ 0.38	08/31/2005	Â	A/K4	100,000 Â	08/31/2006 08/31/2015	Common Stock 100,000
Option	\$ 0.43	09/30/2005	Â	A/K4	75,000 Â	09/30/2006 09/30/2015	Common Stock 75,000
Option	\$ 0.43	09/30/2005	Â	A/K4	400,000 Â	09/30/2006 09/30/2015	Common Stock 400,000
Option	\$ 0.37	10/31/2005	Â	A/K4	30,000 Â	10/31/2006 10/31/2015	Common Stock 30,000
Option	\$ 0.31	11/21/2005	Â	A/K4	45,750 Â	11/21/2006 11/21/2015	Common Stock 45,750
Option	\$ 0.31	12/02/2005	Â	A/K4	60,000 Â	12/02/2006 12/02/2015	Common Stock 60,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Lefebvre Robert Leo 63 OAK VIEW DRIVE FT EDWARD, NY 12828	Â X	Â	Â	Â

Signatures

/s/ Robert Lefebvre 04/24/2006

__Signature of
Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.