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DXP ENTE	ERPRISES INC										
Form 4											
September	07, 2005										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COM						~ · · · · · · · · · · · · · · · · · · ·	OMB APPROVAL				
	•••• UNITED	STATES					NGE C	OMMISSION	OMB	3235-0287	
Check t	Check this box				ashington, D.C. 20549				Number:	January 31,	
if no lor	laer		е снар	NCES IN	DENIFE	ICIA		EDSUID OF	Expires: 200		
subject	10		r Chai	NGES IN BENEFICIAL OWNERS SECURITIES				CRSIII OF	Estimated average		
Section Form 4					SECURITIES				burden hours pe		
Form 5		rsuant to S	Section	16(a) of tl	he Securi	ties E	Exchange	Act of 1934,	response	0.5	
obligati	ons Section 170						-	1935 or Section			
may con See Inst		30(h)	of the I	nvestmen	t Compai	iy Ac	t of 1940	0			
1(b).											
(Print or Type	Responses)										
1 Name and	Address of Penorting	Derson *	.	N	1 (77) 1	 1'		5 Delationship of I	Deporting Dere	on(s) to	
1. Name and Address of Reporting Person *2. IssueLITTLE DAVID RSymbol								5. Relationship of Reporting Person(s) to Issuer			
			-	ENTERPR	ISES IN	C [dx	mel				
(Least)	(First)	Middle)				Clar	(pe)	(Check	all applicable)	
(Last)	(First) (Middle)		of Earliest T Day/Year)	ransaction			X Director	X 10%	Owner	
			06/2005 —				X Officer (give title Other (specify				
			0,,00,					below)	below) rman & CEO		
	(Streat)		4 10 4			,				(0) 1	
								6. Individual or Joint/Group Filing(Check Applicable Line)			
			Theu(Mi	Jilli/Day/102	u)			_X_Form filed by Or	ne Reporting Per	rson	
HOUSTON	N, TX 77040							Form filed by Mo Person	ore than One Re	porting	
$(\mathbf{C};\mathbf{t}_{\mathbf{r}})$	(Ctata)	(7:)									
(City)	(State)	(Zip)	Tat	ole I - Non-	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	y Owned	
1.Title of	2. Transaction Date			3.4. Securities Acquired (A)Transactionor Disposed of (D)Code(Instr. 3, 4 and 5)					6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if					Securities Beneficially	Ownership Form:	Indirect Beneficial	
(1130.5)		(Month/D	ay/Year)	(Instr. 8)			Owned		Ownership		
								Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Code V	A	or	Duine	(Instr. 3 and 4)	(Instr. 1)		
DXP				Code V	Amount	(D)	Price				
Common	09/06/2005			S	21,000	D	\$	850,649	D		
Stock					,000		400,139)			

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.

 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. Transactio Code (Instr. 8)	5. onNumber 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 Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
DXP Common Stock Options	\$ 1					<u>(1)</u>	01/17/2009	DXP Common Stock	100,000	
DXP Common Stock Options	\$ 0.92					09/04/2002	09/04/2012	DXP Common Stock	90,000	
DXP Common Stock Options	\$ 0.92					09/04/2002	09/04/2012	DXP Common Stock	85,000	

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LITTLE DAVID R 7272 PINEMONT DRIVE HOUSTON, TX 77040	Х	Х	Chairman & CEO				
Signatures							

David R. Little 09/07/2005

Explanation of Responses:

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

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Options vested over a three year period beginning January 12, 2002

Note: File three copies of this Form, one of which must be manually signed. If space 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.

<u>**</u>Signature of Reporting Person