## Edgar Filing: SMITH STEVEN J - Form 4

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Form 4	VENJ										
May 02, 201										PROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pu Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, e. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(k) of the Investment Company Act of 1940							Expires: Estimated a burden hou response		
(Print or Type F	Responses)										
SMITH STEVEN J Symbol			r Name <b>and</b> Ticker or Trading ER METER INC [BMI]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)         (First)         (Middle)         3. Date of (Month/D           4545 W. BROWN DEER         04/30/20           ROAD, P.O. BOX 245036         04/30/20			-				XDirector10% Owner Officer (give titleOther (specify below) below)				
	(Street)			ndment, Dat th/Day/Year)	ment, Date Original /Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
MILWAUK	EE, WI 53224-9	536						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	04/30/2012			A <u>(1)</u>	1,285	А	\$ 36.94 (2)	25,003	D		

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)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Direc	ctor 10	0% Owner	Officer	Other			
SMITH STEVEN J 4545 W. BROWN DEER RO P.O. BOX 245036 MILWAUKEE, WI 53224-9	У	ζ						
Signatures								
Steven J. Smith	05/01/2012							
<u>**</u> Signature of	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).

Shares granted pursuant to the 2011 Omnibus Incentive Plan as approved by shareholders on April 29, 2011. Non-employee directors are
(1) given an annual grant of Badger Meter Common Stock on the first business day following the Company's annual meeting equal to \$47,500 as rounded down to the nearest whole share based on the closing price of the Company's Common Stock on that day.

(2) Price of Badger Meter, Inc. Common Stock on 4/30/2012, the date of grant.

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.

**Reporting Person**