### Edgar Filing: POJMAN DAVID M - Form 4

POJMAN I	DAVID M										
Form 4 December	15 2004										
	ЛЛ									APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires:	January 31, 2005			
subject Section Form 4	to SIAIE.	F CHA		N BENE	FICI	AL OW	NERSHIP OF	Estimate	ated average n hours per		
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type	e Responses)										
POJMAN DAVID M Syr				ier Name <b>a</b> i l ONALDS			-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)			-		~ ]	(Check all applicable)			
(Mon MCDONALD'S 12/1				Date of Earliest Transaction Month/Day/Year) 2/15/2004				Director 10% Owner X_ Officer (give title Other (specify below) below)			
BOULEV	ATION, 2915 JOI ARD	XIE						Corp Sr	Vice Pres, Co	ontroller	
(Street) 4. If An				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(MOAK BROOK, IL 60523				(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Та	bla I Non	Dorivativ	0 <b>S</b> 00	urities A ca	Person uired, Disposed	of or Bonofi	vially Owned	
1.Title of	2. Transaction Date	-		3.			-	5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	Execution l any (Month/Da	Date, if	Transactio Code	(Instr. 3, 4	ed of	(D)	Securities Beneficially Owned Following Reported Transaction(s)	Ownership Indirect Form: Owners	Indirect Beneficia Ownership (Instr. 4)	
Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	12/15/2004			М	12,000	А	\$ 24.625	14,976	D		
Common Stock	12/15/2004			S	12,000	D	\$ 32.15	2,976	D		
Common Stock								10,595	Ι	Profit Sharing Plan	
Common Stock								996	Ι	Non-Qualified Benefit Plan	

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

#### Edgar Filing: POJMAN DAVID M - Form 4

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exer	cisable and	7. Title and A	Amount of 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration D	ate	Underlying S	Securities D
Security	or Exercise		any	Code	Securities	(Month/Day/	Year)	(Instr. 3 and	4) S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)				(]
	Derivative				or Disposed of				
	Security				(D)				
					(Instr. 3, 4,				
					and 5)				
					and <i>S</i> )				
									Amount
						Date	Expiration	Title	or
						Exercisable	Date	Titte	Number
				Code V	(A) (D)				of Shares
Options								Common	
(Right to	\$ 24.625	12/15/2004		М	12,000	(1)	04/01/2006	Common	12,000 \$
Buy)	,				,	_		Stock	,
Duy)									

## **Reporting Owners**

Reporting Owner Name / Ad	dress	Relationships						
	Director	10% Owner	Officer	Other				
POJMAN DAVID M MCDONALD'S CORPORA 2915 JORIE BOULEVARD OAK BROOK, IL 60523			Corp Sr Vice Pres, Controller					
Signatures								
/s/ David M. Pojman	12/15/2004							

## **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 became exercisable in 25% increments on the first, third, fifth and seventh anniversary dates of the 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.

\*\*Signature of

Reporting Person