Edgar Filing: Simons John Nelson Jr - Form 4

Cimena Jahn Mala

Form 4													
December 14, FORM Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contir	ecember 14, 2005 FORM 4 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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1935 Section 17(a) of the Public Utility Holding Company Act of 1935 or Securities Social (1940)							NERSHIP OF ge Act of 1934, f 1935 or Sectio	Number: 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type Re	esponses)												
1. Name and Address of Reporting Person [*] Simons John Nelson Jr (Last) (First) (Middle) C/O CCE SPINCO, INC., 9348 CIVIC CENTER DRIVE			 Issuer Name and Ticker or Trading Symbol CCE Spinco, Inc. [LYV] Date of Earliest Transaction (Month/Day/Year) 12/14/2005 						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>X</u> Oirector <u>Officer (give title</u> <u>10% Owner</u> <u>Other (specify below)</u>				
				ndment, Date Original th/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BEVERLY H	IILLS, CA 90	210							Form filed by I Person	1 0			
(City)	(State)	(Zip)	Table	e I - Non	ı-De	erivative S	Securi	ties Aco	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	emed on Date, if /Day/Year)	Code (Instr.	8)	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) o l 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/14/2005			J <u>(1)</u>		812	А	<u>(1)</u>	812	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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address Director 10% Owner Officer Other Simons John Nelson Jr C/O CCE SPINCO, INC. Х 9348 CIVIC CENTER DRIVE **BEVERLY HILLS, CA 90210** Signatures Kathy Willard, Attorney in Fact for John Nelson Simons, Jr. 12/13/2005 **Signature of Reporting Person

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).

Relationships

Shares to be distributed to reporting person in connection with pro rata distribution of the shares of CCE Spinco, Inc. (the "Company") to the stockholders of Clear Channel Communications, Inc. Pursuant to the exemption under 16a-9(a) of the Securities Exchange Act of

(1) 1934 (the "Exchange Act"), this Form 4 filing is not required and is for informational purposes only. The information contained herein shall not be deemed to constitute an admission that this Form 4 filing fails to meet the requirements for exemption under Section 16a-9(a) of the Exchange Act.

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.

Date