## Edgar Filing: Stubbs Charles J - Form 4

Stubbs Char Form 4 March 03, 2 <b>FORM</b> Check th if no lon subject t Section Form 4 of Form 5 obligation may cons <i>See</i> Instri 1(b).	011 <b>A 4</b> UNITED his box ger o 16. or Staten Filed pur Section 17(	<b>MENT OF</b> rsuant to S (a) of the P	Was CHAN ection 1 Public Ut	shington, GES IN SECUR 6(a) of th tility Hole	, D.C. 2054 BENEFIC RITIES de Securitie	<b>49</b> CIAL es Exe pany 1	, <b>OWN</b> change Act of	OMMISSION ERSHIP OF Act of 1934, 1935 or Sectior	OMB Number: Expires: Estimated a burden hour response	•	
Stubbs Charles J Symbo			Symbol	r Name <b>and</b> DIA INC	I Ticker or T	rading		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
<sup>(Last)</sup> 3585 ENGI DRIVE, SU	NEERING		3. Date of (Month/D 03/01/20	-	ransaction			X Director X Officer (give below)	10%	) Owner r (specify	
Filed(Mon				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
	(State)	(Zin)						Person			
(City) 1.Title of Security (Instr. 3)	(State) 2. Transaction Data (Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8)	4. Securitie on(A) or Disp (Instr. 3, 4)	(A) or	uired of (D)	<b>iired, Disposed of,</b> 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	
Common Stock	03/01/2011			Code V F	Amount 40,751 (1)	(D) D	Price \$ 4.51 (1)	644,740 <u>(2)</u>	D		
Common Stock	03/01/2011			А	120,000 (3)	А	\$0	764,740 <u>(2)</u> ( <u>3)</u>	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.

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

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Stubbs Charles J 3585 ENGINEERING DRIVE SUITE 100 NORCROSS, GA 30092	X		President and CEO					
Signatures								
/s/ KRISTI O. CRAWFORD, as Attorney-in-Fact	3		03/03/2011					
<u>**</u> Signature of Reporting Perso	on		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).
- (1) Number of shares withheld to satisfy withholding tax requirements of vested restricted stock at the request of the reporting person. Determination of the number of shares withheld based on common stock closing price of \$4.51 on March 1, 2011.
- (2) Share total adjusted to include the March 1, 2011 vesting of performance-based award of 87,942 shares pursuant to the Company's Long-Term Incentive Plan.

Grant of restricted stock which vests one hundred percent (100%) on December 31, 2014, provided, that the reporting person remains employed with the Company through such date, or earlier upon the termination of the reporting person's employment due to his death or

(3) Employed with the Company through such date, of earlier upon the termination of the reporting person's employment due to inside an of Disability or for Good Reason by the reporting person (as such terms are defined in the Employment Agreement between the Company and the reporting person.

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.