

FLANDERS CORP  
Form 144  
August 27, 2004

**FORM 4**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden  
hours per response. . .0.5

1. Name and Address of Reporting Person\*

Clark, Steven, K

2. Issuer Name **and** Ticker or Trading Symbol

Flanders Corporation (FLDR)

6. Relationship of Reporting Person(s)

to Issuer (Check all applicable)

Director  10% Owner

Officer (give title below)  Other (specify below)

(Last) (First) (Middle)

2399 26th Avenue North

3. I.R.S. Identification Number

of Reporting Person,

if an entity (voluntary)

4. Statement for

Month/Day/Year

March 13, 2003

(Street)

St. Petersburg, Florida 33713

5. If Amendment,

Date of Original

(Month/Day/Year)

Edgar Filing: FLANDERS CORP - Form 144

7. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Person

Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security  
(Instr. 3)

2. Trans-  
action  
Date  
(Month/ Day/  
Year)

2A. Deemed  
Execution  
Date,  
if any  
(Month/Day/  
Year)

3. Trans-  
action Code  
(Instr. 8)

4. Securities Acquired (A) or Disposed of (D)  
(Instr. 3, 4 & 5)

5. Amount of  
Securities  
Beneficially  
Owned Follow-  
ing Reported Transactions(s)  
(Instr. 3 & 4)

6. Owner-  
ship Form:  
Direct (D)  
or Indirect (I)  
(Instr. 4)

7. Nature of Indirect  
Beneficial Ownership  
(Instr. 4)

Code

V

Amount

(A)  
or  
(D)

Price

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

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

**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**

---

**FORM 4 (continued)**

**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)

Edgar Filing: FLANDERS CORP - Form 144

3A. Deemed  
Execution  
Date,  
if any  
(Month/  
Day/  
Year)

4. Trans-  
action  
Code

(Instr. 8)

5. Number of Derivative Securities Acquired (A) or Disposed of (D)

(Instr. 3, 4 & 5)

6. Date Exercisable  
and Expiration  
Date  
(Month/Day/  
Year)

7. Title and Amount of Underlying Securities  
(Instr. 3 & 4)

8. Price of Derivative Security  
(Instr. 5)

9. Number of  
Derivative  
Securities  
Beneficially  
Owned  
Following  
Reported Transaction(s)  
(Instr. 4)

10. Owner-  
ship Form  
of Deriv-  
ative  
Security:  
Direct (D)  
or Indirect (I)  
(Instr. 4)

11. Nature of Indirect Beneficial Ownership  
(Instr. 4)

Code

V

(A)

(D)

Edgar Filing: FLANDERS CORP - Form 144

Date Exercisable

Expiration  
Date

Title

Amount or Number of  
Shares

Stock Option (Right to Purchase Common Stock)

\$8.60

8/24/2004

8/24/2004

A

500,000

\*- see note

1/2/2008

Common Stock

500,000

0

500,000

D

Explanation of Responses:

Options exercisable as follows: 166,666 on 8/24/2005; 166,666 on 8/24/2006, 166,667 on 8/24/2007

By: /s/ Steven K. Clark

\*\*Signature of Reporting Person

Edgar Filing: FLANDERS CORP - Form 144

Date: August 27, 2004

\*\*Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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

If space is insufficient, See Instruction 6 for procedure. 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 Number.