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Dolan Media Form 4 March 12, 2											
FORM	14		GEGU							APPROVAL	
UNITED STATES S				SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287	
check this box if no longer STATEMENT OF (F CHAN	CHANGES IN BENEFICIAL OWNERSHIP OF						January 31 2005	
subject to Section 1 Form 4 of Form 5 obligation may con <i>See</i> Instri 1(b).	16. or ^{ons} Filed pur tinue.	Section 1 Public U	SECUR 6(a) of th	Estimated burden he response	ours per						
(Print or Type)	Responses)										
1. Name and Address of Reporting Person <u>*</u> Pollei Scott J			2. Issuer Name and Ticker or Trading Symbol Dolan Media CO [NYSE:DM]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	/liddle)		f Earliest Tr	-			(Cho	eck all applicable)		
	N MEDIA 7, 706 SECOND SOUTH, SUITE 1	200	(Month/I 03/10/2	Day/Year) 008				Director X Officer (gi below)		0% Owner ther (specify	
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
MINNEAP	OLIS, MN 55402							Form filed by Person	More than One	Reporting	
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative S	Secur	ities Ac	quired, Disposed	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)		nsaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year)		Code	4. Securiti n(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of 5) Price	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	03/10/2008			J <u>(1)</u>	12,776	А	(2)	12,876	D		
Common Stock								9,998	Ι	By IRA	
Common Stock								45,000	I	By GS Pollei Irrevocable Trust for the benefit of Joseph S. Pollei (3)	

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Common Stock	45,000	I	By GS Pollei Irrevocable Trust for the benefit of Sara S. Pollei (<u>3)</u>
Common Stock	45,000	I	By GS Pollei Irrevocable Trust for the benefit of Thomas J. Pollei (3)
Common Stock	45,000	I	By GS Pollei Irrevocable Trust for the benefit of Mitchell J. Pollei (3)

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Person

Reporting Owner Name / Address		Relationships						
1 0 0 0		Director	10% Owner	Officer	Other			
Pollei Scott J C/O DOLAN MEDIA C 706 SECOND AVENUE MINNEAPOLIS, MN 55	E SOUTH, SUITE 1200			EVP & CFO				
Signatures								
/s/ Scott J. Pollei	03/12/2008							
<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).

- (1) Mr. Pollei received these shares in connection with a pro-rata distribution from Chicosa Partners, LLC.
- (2) Mr. Pollei paid no consideration for these shares.

These shares are held in trust for the benefit of Mr. Pollei's child. Mr. Pollei is trustee of the trust and disclaims beneficial ownership of(3) these securities. The filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purposes.

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.