## Edgar Filing: SYNERGY TECHNOLOGIES CORP - Form 4

## SYNERGY TECHNOLOGIES CORP

Form 4 March 08, 2002

FO	RM 4							
Г	l Check this hox i	if no longer subject		OMB APPROVAL				
L	to Section 16. F obligations may Instruction 1(b)	orm 4 or Form 5	5   	OMB Number: 3235-0287 Expires: June 28, 2002 Estimated average burden hours per response 0.5				
	UNIT		RITIES AND E	EXCHANGE COMMISSION 20549				
	STA	TEMENT OF CHANG	ES IN BENEF	FICIAL OWNERSHIP				
	Section 17(a)	of the Public	Utility Hol	curities Exchange Act of 1934, lding Company Act of 1935 or Company Act of 1940				
1.	Name and Address	of Reporting Pe	erson*					
	COOLEY	THOMAS	Е.					
	(Last)	(First)	(Middl	le)				
	5215 Spanish Oak							
		(Street)						
	Houston	Texas	77066					
	(City)	(State)	(Zip)					
2.	Issuer Name AND T	icker or Tradin	g Symbol		_			
	SYNERGY TECHNOLOGIES CORPORATION ("OILS")							
3.	I.R.S. Identification Number of Reporting Person, If an entity (Voluntary)							
	SSN # 459-66-8312							
4.	Statement for Month/Year							
	January 2002							
 5.	If Amendment, Dat	e of Original (	Month/Year)	)	-			

6. Relationship of Reporting Person(s) to Issuer

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(Check all Applicable)

BENEFICIAI
Amount of Securities Beneficial Owned at End of Month
(Instr. 3 and 4)
845,159 843,159
BENEFICIAI RITIES) 
8.
Price of Deriv- ative
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Derivative	Deriv- ative Security	(Month/ Day/ Year)	8)  Code V	(Instr. 3, 4 and 5)		Exer-	Expir- ation			Secur- ity (Instr
(Instr. 3)				(A)	(D)	able	Date	Title	Shares	5)

Explanation of Responses:

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).
- 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 provided is insufficient, see Instruction 6 for procedure.

/s/ Thomas E. Cooley -----THOMAS E. COOLEY

February 28, 2002 Date

\*\*Signature of Reporting Person