Edgar Filing: JOHANSSON ULF J - Form 4

| JOHANSSON | N ULF J | | | | | | | | |
|--|--|---------------------|------------|----------------------------|---|--|--|--|---|
| Form 4 | - | | | | | | | | |
| May 21, 2007 | | | | | | | | | PPROVAL |
| FORM | 4 UNITED | STATES | SECU | RITIES | AND EX | CHANGE | E COMMISSIO | | FFRUVAL |
| | | 0111110 | | ashington | | | | Number: | 3235-0287 |
| Check this if no longe | ər | | | - | | | | Expires: | January 31, |
| subject to Section 16 Form 4 or | 51A1E N 5. | AENT OI | F CHAI | | BENEF | FICIAL O | WNERSHIP OF | Estimated burden hou response | urs per |
| Form 5 obligation may conti <i>See</i> Instru- 1(b). | s Section 17(| a) of the l | Public U | Jtility Ho | lding Co | | nge Act of 1934, t of 1935 or Secti 1940 | | |
| (Print or Type R | esponses) | | | | | | | | |
| 1. Name and Ad JOHANSSO | ddress of Reporting N ULF J | Person [*] | Symbol | er Name an | | - | 5. Relationship Issuer | of Reporting Per | rson(s) to |
| | | | | BLE NAV FRMB] | /IGATIC | ON LTD | (Che | eck all applicabl | e) |
| (Last) | (First) (| Middle) | | of Earliest 7 | Transaction | | X_ Director Officer (given the second s | | % Owner her (specify |
| | E NAVIGATIO TEWART DRIV | | 05/17/2 | Day/Year) 2007 | | | below) | below) | |
| | (Street) | | | endment, D onth/Day/Yea | - | al | 6. Individual or Applicable Line) _X_ Form filed by Form filed by | - | erson |
| SUMMIVA | LE, CA 94085 | | | | | | Person | | |
| (City) | (State) | (Zip) | Tał | ole I - Non- | Derivative | e Securities A | Acquired, Disposed | of, or Beneficia | lly Owned |
| | 2. Transaction Date Month/Day/Year) | Execution any | Date, if | Code (Instr. 8) | 4. Securi onAcquired Disposed (Instr. 3, Amount | (A) or of (D) 4 and 5) (A) or | 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) |
| | | c 1 1 | c | | C . 11 | | | | |
| Keminder: Kepc | ort on a separate line | for each cl | ass of sec | urities bene | Perso infor requi | ons who re mation con red to resp ays a curre | or indirectly. spond to the collect tained in this forn ond unless the fo ontly valid OMB co | n are not rm | SEC 1474 (9-02) |
| | Tab | | | | | sposed of, or convertible | • Beneficially Owner securities) | d | |

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. 5. Number of | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|------------|---------------------|--------------------|-----------------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | TransactionDerivative | Expiration Date | Underlying Securities |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | Securities Acquired (<i>A</i> or Disposed (D) (Instr. 3, 4, and 5) | d of | (Month/Day/ | 'Year) | (Instr. 3 and | 4) |
|-----------------------------|---|------------|-------------------------|--------------------|--|------|---------------------|--------------------|-----------------|-------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option | \$ 29.45 | 05/17/2007 | | А | 10,000 | | (1) | 05/17/2017 | Common Stock | 10,000 |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|--|----------|-----------|---------|-------|
| F F | Director | 10% Owner | Officer | Other |
| JOHANSSON ULF J C/O TIMBLE NAVIGATION LTD 935 STEWART DRIVE SUNNYVALE, CA 94085 | Х | | | |
| Signatures | | | | |
| Irwin Kwatek as Attorney in Fact | 05/21/2 | 2007 | | |
| **Signature of Reporting Person | 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) This option is exercisable at a rate of 1/36th per month.

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.