

Edgar Filing: PRIMEENERGY CORP - Form 4

PRIMEENERGY CORP
 Form 4
 August 06, 2001

1

 FORM 4

 OMB APPROVAL

 OMB Number: 3235-0287
 Expires: December 31, 2001
 Estimated average burden
 hours per response.... 0.5

[] CHECK THIS BOX IF NO
 LONGER SUBJECT TO
 SECTION 16. FORM 4
 OR FORM 5 OBLIGATIONS
 MAY CONTINUE. SEE
 INSTRUCTION 1(b).

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

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(f) of the Investment Company Act of 1940

(Print or Type Responses)

| | | | | | |
|--|---------|----------|---|--|------------------|
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol | | 6. |
| Drimal, Jr. | Charles | E. | PrimeEnergy Corporation PNRG | | t |
| (Last) | (First) | (Middle) | | | |
| One Landmark Square | | | 3. IRS Identification | | 4. Statement for |
| | | | Number of Reporting | | Month/Year |
| | | | Person, if an entity | | July, 2001 |
| | | | (voluntary) | | |
| (Street) | | | 090-42-4130 | | 5. If Amendment, |
| Stamford, CT | | | | | Date of Original |
| | | | | | (Month/Year) |
| (City) | | | | | N/A |
| (State) | | | | | 7. |
| (Zip) | | | | | (|

TABLE I -- NON-DERIVATIVE SECURITIES ACQUIRED, DIS

| 1. Title of Security (Instr. 3) | 2. Trans- action Date (Month/ Day/ Year) | 3. Transac- tion Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of curities B cially Own End of Mon (Instr. 3 |
|------------------------------------|---|---|---|---|
| | | Code | V Amount (A) or Price (D) | |
| Common Stock, \$0.10 par value | 7/16/01 | X | 50,000 (A) \$1.50 | 507,506 |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly by the reporting person.
 * If the form is filed by more than one reporting person, see Instruction 4(b) (v).

POTENTIAL PERSONS WHO ARE TO RESPOND TO THIS FORM ARE NOT REQUIRED TO OBTAIN A CURRENTLY VALID OMB CONTROL NUMBER.

2

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) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Date of Exercise (Month/Day/Year) | 8. Expiration Date (Month/Day/Year) |
|--|--|--------------------------------------|--------------------------------|---|--|--------------------------------------|-------------------------------------|
| Purchase Option | \$1.50 | 7/16/01 | X | 50,000 | | | |
| Purchase Option | \$1.00 | -- | no change | -- | (1) | (1) | |
| Purchase Option | \$1.25 | -- | no change | -- | (1) | (1) | |

| 9. Number of Derivative Securities | 10. Ownership Form of Derivative | 11. Nature of Indirect Beneficial |
|------------------------------------|----------------------------------|-----------------------------------|
| | | |

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| Beneficially Owned at End of Month (Instr. 4) | Security: Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
|--|--|-------------------------|
|--|--|-------------------------|

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523,125 (D)

174,375 (D)

Explanation of Responses:

(1) All options are full exercisable and are non-expiring during employment but must be exercised within three months after termination of employment, or within one year if termination occurs by death or disability.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. -----
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ CH
Ch
**Sign

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.