Edgar Filing: MCCOY ALAN H - Form 4

| MCCOY AL | AN H | | | | | | | | | | |
|---|-------------------|--|---|------------------|-----------|---|--------------|---|-------------------------|-------------|--|
| Form 4 | | | | | | | | | | | |
| May 06, 201 | 1 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB AF | OMB APPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long | | | | | | | | | Expires: | January 31, | |
| subject to | F CHAN | F CHANGES IN BENEFICIAL OWN | | | | NERSHIP OF | Estimated a | 2005 Iverage | | | |
| Section 1 | | SECURITIES | | | | | | | burden hours per | | |
| Form 4 or Form 5 | | | a .• 1 | | a . | | | | response | 0.5 | |
| obligation | * | | | | | | • | e Act of 1934, | | | |
| may cont | inue. Section 17 | | | • | • | · · | | 1935 or Section | n | | |
| See Instru | iction | 50(II) | of the In | vestment | Compan | y Ac | t 01 194 | -0 | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| | | | | | | | | | | | |
| 1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of I | | | | | | | | Reporting Person(s) to | | | |
| MCCOY AI | LAN H | | Symbol | - | | | | Issuer | | | |
| | AK STI | AK STEEL HOLDING CORP | | | | (Check all applicable) | | | | | |
| | [AKS] | | | | | | | | | | |
| (Last) | (First) | (Middle) | 3. Date of | f Earliest Tr | ansaction | | | Director | | Owner | |
| | | | | (Month/Day/Year) | | | | X_ Officer (give title Other (specify below) below) | | | |
| 9227 CENTRE POINTE DR | | | 05/05/2011 | | | | | VP Gov't & Public Relations | | | |
| | 4. If Ame | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| | | | | | | Applicable Line) | | | | | |
| _X_ Form filed by O | | | | | | One Reporting Person lore than One Reporting | | | | | |
| WEST CHE | STER, OH 450 | 69 | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Da | med 3. 4. Securities Acquired | | | | | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Year | Execution any | on Date, if Transaction(A) or Disposed of (D) | | | | | | Form: Direct | | |
| (Instr. 3) | | Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8) | | | | 5) | 2 | | Beneficial Ownership | | |
| | | (Wondia) | Duy, I cui) | (1130.0) | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Reported | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | |
| C | | | | Code V | Amount | (D) | Price | (insu: 5 and +) | | | |
| Common | 05/05/2011 | | | S | 5,000 | D | \$ | 44,920 | D | | |
| Stock | | | | | | | 15.11 | | | | |

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)

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| 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 | Secur | unt of rlying | 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 Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| MCCOY ALAN H 9227 CENTRE POINTE DR WEST CHESTER, OH 45069 | | | VP Gov't & Public Relations | | | | | |
| Signatures | | | | | | | | |
| /s/ Alan H. 05 McCoy | //06/2011 | | | | | | | |
| **** | D (| | | | | | | |

<u>**</u>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).

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.