Intermec, Inc. Form 4 August 26, 2011

FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

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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(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * KEMPER Corp | | | ssuer Name a bol rmec, Inc. | and Ticker or Trading | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|--------------------------------------|---------------|-----------------------------------|---|--|---|--|--|
| (Last) | (First) | (Middle) 3. D | ate of Earliest | Transaction | (Chi | сск ан арриса | ioic) | |
| ONE EAS | T WACKER DR | • | nth/Day/Year 24/2011 |) | Director Officer (give below) | ve title (below) | 10% Owner Other (specify | |
| | (Street) | 4. If | Amendment, | Date Original | 6. Individual or | Joint/Group F | Filing(Check | |
| CHICAGO | D, IL 60601 | File | l(Month/Day/Y | ear) | Applicable Line) Form filed by _X_ Form filed by Person | One Reporting More than On | | |
| (City) | (State) | (Zip) | Table I - Noi | 1-Derivative Securities Acq | uired, Disposed | of, or Benefi | cially Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code | 4. Securities Acquired (A) onor Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Ben Ownership (Instr. 4) | |

| | | | | | | | , | , | J |
|--------------------------------------|--------------------------------------|---|---|--------|------------------|--|---|--|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code V | Amount | (A) or (D) | Price | Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4) | | |
| Common Stock | 08/24/2011 | | S | 50,000 | D | \$ 7.0311 (1) | 7,909,764 | I | By Trinity Universal Insurance Company, a wholly-owned subsidiary |
| Common Stock | 08/25/2011 | | S | 50,000 | D | \$ 6.9377 (2) | 7,859,764 | I | By Trinity Universal Insurance Company, a wholly-owned subsidiary |

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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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Titl | e and | 8. Price of | 9 |
|-------------|--------------|---------------------|--------------------|------------|------------|------------------|---------------|---------|------------------------|-------------|---|
| Derivativ | e Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orNumber | Expiration Da | ate | Amou | nt of | Derivative | J |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | , |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Secur | ities | (Instr. 5) |] |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | | (|
| | Security | | | | Acquired | | | | | | J |
| | | | | | (A) or | | | | | | J |
| | | | | | Disposed | | | | | | - |
| | | | | | of (D) | | | | | | (|
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | | | | or | | |
| | | | | | | Date | Expiration | Titla | | | |
| | | | | | | Exercisable Date | rcisable Date | | | | |
| | | | | Code V | (A) (D) | | | | | | |
| | | | | Code V | (A) (D) | Exercisable | * | Title | Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| . 9 | Director | 10% Owner | Officer | Other | | |
| KEMPER Corp ONE EAST WACKER DRIVE CHICAGO, IL 60601 | | X | | | | |
| TRINITY UNIVERSAL INSURANCE CO 12790 MERIT DRIVE SUITE 400 DALLAS, TX 75250 | | X | | | | |

Signatures

John M. Boschelli, Vice President, Kemper Corporation & Asst. Treasurer, Trinity Universal Insurance Company

08/26/2011

**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).
- This is the weighted average sale price per share for these transactions executed on 08/24/2011. These sales were executed in multiple lots at prices ranging from \$6.925 through \$7.12 per share. The reporting person undertakes to provide full information regarding the number of shares sold at each separate price upon request by the Commission staff, the issuer or a security holder of the issuer.

(2)

Reporting Owners 2

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This is the weighted average sale price per share for these transactions executed on 08/25/2011. These sales were executed in multiple lots at prices ranging from \$6.85 through \$7.20 per share. The reporting person undertakes to provide full information regarding the number of shares sold at each separate price upon request by the Commission staff, the issuer or a security holder of the issuer.

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.