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MOORE MEDICAL CORP Form 3 April 10, 2001

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|--|---------------------------------------|--|---|---|--|--|--|
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| EDI' | I OR DELETE AS NECESSARY | / | / OMB Number: / Expires: Octo / Estimated averag / hours per respon | 3235-0104 / ber 31, 2001 / e burden / se 0.5 / | | | |
| F | + DRM 3 U.S. SECU | JRITIES AND EXCHAN WASHINGTON, D.C. 2 | | | | | |
| INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | |
| 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 | | | | | | | |
| (Pr | int or Type Responses) | | | | | | |
| 1. | Name and Address of Repor | cting Person* | | | | | |
| | Simpson, | James | | R. | | | |
| | (Last) | (First) | | (Middle) | | | |
| | C | c/o Moore Medical | Corp. | | | | |
| | | (Street) | | | | | |
| | 389 John Downey Drive | e, New Britain | CT | 06050 | | | |
| | (City) | (State) | | (Zip) | | | |
| 2. | Date of Event Requiring S | Statement (Month/Da | ay/Year) | 3/5/01 | | | |
| 3. | IRS Identification Number (Voluntary) | of Reporting Per | son if an Entity | | | | |
| 4. | Issuer Name and Ticker or | Trading Symbol | MMD | | | | |

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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| Dirctor | X Officer (give title be | 10% Owner elow) | Other(specify below | | | | | |
|---|--|------------------------|---------------------|--|--|--|--|--|
| Executive | Vice President - Chief F: | inancial Officer | | | | | | |
| If Amendment, Date of Original (Month/Day/Year) | | | | | | | | |
| Individual o | Individual or Joint Group Filing (Check Applicable Line) | | | | | | | |
| X Form Fi | iled by One Reporting Pers | son | | | | | | |
| Form fi | iled by More than One Repo | orting Person | | | | | | |
| TAE | BLE INON-DERIVATIVE SECU | URITIES BENEFICIALLY (| DWNED | | | | | |
| of | 2. Amount of Securities Beneficially Owned | Direct (D) or | Indirect Bene- | | | | | |
| (Instr. 4) | (Instr. 4) | (Instr. 5) | (Instr. 5) | | | | | |
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1. Title of Derivative 2. Date Exer- 3. Title and Amount of Securities 4. Conversion Security (Instr. 4) cisable and Underlying Derivative Security or

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Expiration (Instr. 4)

| | (Mont) Year) | Date (Month/Day/ Year) | | | |
|----------------------------|-----------------|-------------------------|-------|----------------------------------|----------|
| | | Expira- tion Date | Title | Amount or Number of Shares | Security |
| Non-qualified Stock Option | 3/5/02 | | | | \$ 7.50 |
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Explanation of Responses:

(1) Becomes exercisable in four equal cumulative annual installments commencing one year from the date of grant, subject to acceleration of 50% of non-vested installments in the event of a "change of position" and termination of employment following a "change of control" under the Issuer's Change of Control/Change of Position Payment Plan.

| /s/ James R. Simpson | 4/10/01 |
|---------------------------------|---------|
| | |
| **Signature of Reporting Person | Date |
| James R. Simpson | |

- * If the form is filed by more than one reported person, see Instruction 5(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.

Exercise