# Edgar Filing: WILCOX GLENN W SR - Form 5

WILCOX GI	LENN W SR										
Form 5											
January 13, 2											
FORM	15								APPROVAL		
	UNITED S		SECURITIES AND EXCHANGE COM				MMISSION	OMB Number:	3235-0362		
Check this box if no longer subject			Washington, D.C. 20549					Expires:	January 31 2005		
to Section Form 4 or 5 obligatio may contin See Instruc	Form ANN ons nue. ction	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated burden ho response.	l average ours per		
1(b). Form 3 Ho Reported Form 4 Transactio Reported	oldings Section 17(a			ig Compa	any A	Act of 1		n			
1. Name and Address of Reporting Person <u>*</u> WILCOX GLENN W SR			-				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M	fiddle) 3. Stat (Mont	3. Statement for Issuer's Fiscal Year Ended					Officer (give title Other (specify			
ONE WEST SUITE 1700	T PACK SQUARI )		12000								
(Street) 4. If Amendment, Dat Filed(Month/Day/Year)				-				vint/Group Reporting k applicable line)			
ASHEVILL	E, NC 28801					_	X_ Form Filed by Form Filed by ∃ erson				
(City)	(State)	(Zip) T	able I - Non-Der	ivative Sec	uritie	es Acquir	ed, Disposed o	f, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. if Transaction Code	4. Securities Acquired 5. (A) or Disposed of (D) of (Instr. 3, 4 and 5) Be Ov en Iss (A) (Ir (A) (Ir		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Shares of Beneficial Ownership	11/11/2008	Â	J <u>(1)</u>	Amount	(D) A	Price \$ 12.09	600 <u>(2)</u>	D	Â		
Common Shares of Beneficial	Â	Â	Â	Â	Â	Â	247 <u>(3)</u>	Ι	By Spouse		

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Ownership							
Common Shares of Beneficial Ownership	Â	Â	Â	ÂÂ	200	I	ByTower Associates, Inc.

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information **SEC 2270** 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)

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)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. of D S B O E I S F I S F I (I
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address		Relationships					
I State	Director	10% Owner	Officer	Other			
WILCOX GLENN W SR ONE WEST PACK SQUA ASHEVILLE, NC 288	X	Â	Â	Â			
Signatures							
/s/ Glenn W. Wilcox	01/13/2009						
****							

#### \*\*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).
- Reporting Person acquired shares which he previously had beneficial ownership of and voting control over by virtue of being the executor (1) and beneficiary of a trust which inherited the shares from the estate of Reporting Person's mother who died in August, 2008.
- Includes 200 shares that were transferred from Indirect Beneficial Ownership (through Wilcox Travel Agency, Inc.) to Direct Beneficial (2) Ownership by the Reporting Person on July 28, 2008.

#### **Reporting Owners**

(9-02)

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(3) Includes 47 shares acquired through Issuer's dividend reinvestment plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.