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FEDERAL SIGN Form 4 June 17, 2013	NAL CORP /	DE/	Ū								
Check this box if no longer subject to Section 16. Section 16. Section 16. Section 16. Section 16. Section 16. Section 16. Section 16.						OMB Number: Expires: Estimated a burden hou response	lumber: 3235-0287 xpires: January 31, 2005 stimated average urden hours per				
(Print or Type Respo 1. Name and Addre Cook Julie A		Person <u>*</u>	Symbol	Name and				5. Relationship of Issuer (Chec	Reporting Pers		
(Last) (First) (Middle) 3. Date of (Month/Da 1415 WEST 22ND STREET, SUITE 01/11/20 1100				-				Director 10% Owner X Officer (give title Other (specify below) VP - Human Resources			
(Street) 4. If Amer Filed(Mont OAK BROOK, IL 60523				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
Security (M (Instr. 3)	(State) Transaction Dat onth/Day/Year) /11/2013	Executio any	med	3. Transactio Code (Instr. 8) Code V P	4. Securi m(A) or Di (D) (Instr. 3,	ties A spose	cquired d of	Juired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 8,400	f, or Beneficial 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	

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)

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. onNumber 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 Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Cook Julie A 1415 WEST 22ND STREET SUITE 1100 OAK BROOK, IL 60523			VP - Human Resources					
Signatures								
Jennifer L. Sherman, attorney- Cook	06/17/2013							
**Signature of Reporting	Date							
Explanation of Dechanges								

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.