Edgar Filing: WEATHERFORD CLIFTON THOMAS - Form 4

WEATHER Form 4 May 02, 201	FORD CLIFTO	N THOMA	S								
FORM	Л	STATES					NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
if no long subject to Section 1 Form 4 o Form 5 obligatio may cont	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: Estimated a burden hour response	0		
(Print or Type I	Responses)										
WEATHERFORD CLIFTON Symbol			er Name and Ticker or Trading on Inc. [CODE]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Mo			(Month/E	Date of Earliest Transaction Ionth/Day/Year) I/30/2012				XDirector10% Owner Officer (give titleOther (specify below)below)			
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SUNNYVA	LE, CA 94085-3	3836						Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/30/2012			S	9,583	D	(1) (1)	8,750	D		

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)

Edgar Filing: WEATHERFORD CLIFTON THOMAS - Form 4

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)	3	Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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						
	Director	10% Owner	Officer	Other		
WEATHERFORD CLIFTON THOMAS						
915 DEGUIGNE DRIVE	Х					
SUNNYVALE, CA 94085-3836						
Signatures						
/s/ Scot A. Griffin, Attorney-in-fact for: WEATHERFORD CLIFTON 05/02/2012						

**Signature of Reporting Person

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).

These transactions were executed in multiple trades in prices ranging from \$11.95 to \$11.98 per share. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide to the Securities and Exchange

above reflects the weighted average sate piece. The Reporting Ferson hereby undertakes to provide to the Securities and Exchange
 Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.

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. tity which are in excess of his pecuniary interest.

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.

Date