Edgar Filing: SMITH ROBERT F - Form 4

SMITH ROBI	ERT F										
Form 4											
May 01, 2006											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box								Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated average				
	Section 16. SECURITIES							burden hours per			
Form 4 or									response	0.5	
Form 5	Filed p	ursuant to	Section 16	(a) of the	Securiti	es Ex	cchange	e Act of 1934,			
obligations may contir				•	•			1935 or Section	1		
See Instruc		30(h)	of the Inv	vestment (Company	y Act	of 194	0			
1(b).											
(Drint or Tune De											
(Print or Type Re	(sponses)										
1. Name and Ad	dress of Reportin	g Person *	2 Issuer	Name and T	Ficker or T	Fradin	a	5. Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person *2. Issuer Name and SMITH ROBERT FSymbol						I I aum	g	ssuer			
CENDANT CORP [CD]											
(Last)	(Ch				(Check	ck all applicable)					
			(Month/Da	of Earliest Transaction				_X_ Director 10% Owner			
9 WEST 57TH STREET 04/27/20			-				Officer (give title Other (specify				
, , , , , , , , , , , , , , , , , , ,				.00				below) below)			
			4. If Amen	Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORK	NV 10010							Form filed by O			
NEW YORK	, N I 10019							Person			
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	Securi	ties Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction D		1					5. Amount of	6.	7. Nature of	
Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)			on Date, if	Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Indirect Form: Direct Benefic (D) or Ownersh		
			/Dav/Year)					Owned		Ownership	
		``	<i>,</i>	· · · ·				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
a				Code V	Amount	(D)	Price	(1104110 4114 1)		D' NO	
Common							\$			Dirs. NQ	
Stock (series	04/27/2006			А	1,668	А	17.38	32,256	Ι	Def. Comp.	
designated CD stock)							(1)			Comp. Plan	
CD SIOCK)										1 Iall	

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
F8	Director	10% Owner	Officer	Other				
SMITH ROBERT F 9 WEST 57TH STREET NEW YORK, NY 10019	Х							
Signatures								
Jean M. Sera, by Power of Atto Smith	05/01/2006							
**Signature of Reporting		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).

Award represents second quarter 2006 non-employee director retainer fee and reinvestment of previously credited dividend equivalents.
 (1) All shares are deferred into the 1999 Non-Employee Directors Deferred Compensation Plan and converted into deferred stock units thereunder. Payable upon termination of service as a director in accordance with the plan.

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.