## Edgar Filing: CLANCEY JOHN P - Form 4

Form 4												
October 05, 20 FORM Check this if no longe	<b>4</b> UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										
subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b).	Filed p Section 1	STATEMENT OF CHANGES IN 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(h) of the Investment Company Act of 1940							Estimated a burden hou response	Expired: 2005 Estimated average burden hours per response 0.5		
(Print or Type Re	esponses)											
CLANCEY JOHN P Symbol			Symbol	Issuer Name <b>and</b> Ticker or Trading abol T INC [UST]				5. Relationship of Reporting Person(s) to Issuer				
(N			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 10/04/2007				(Check all applicable) <u>X</u> Director Officer (give title below) <u>Director</u> <u>Director</u> <u>Director</u> <u>below</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>Director</u> <u>D</u>				
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
STAMFORD	, CT 06905							Form filed by Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction l (Month/Day/Ye	ear) Executi any	emed ion Date, if /Day/Year)	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	l (A) o l of (D 4 and (A) or	)	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	10/04/2007			А	43	А	\$0	27,606 (1)	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: CLANCEY JOHN P - Form 4

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. onNumber	6. Date Exerce Expiration D		7. Titl Amor		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Mondu Day Teat)	(Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/ e			rlying ities	Security Sec (Instr. 5) Ber Ow Fol Rep Tra	Secur Bene Owne 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							
	Director	10% Owner	Officer	Other				
CLANCEY JOHN P C/O UST INC. 6 HIGH RIDGE PARK, BLDG. A STAMFORD, CT 06905	Х							
Signatures								
Lorna R. Simms, by Power of Attorney		10/05/2007						
**Signature of Reporting Person		Date						
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## **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).
- (1) Includes a total of 1,560 shares held in the UST Inc. Dividend Reinvestment Plan and 353 Phantom shares resulting from dividend reinvestment under a deferred compensation plan as of this date.

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.