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| PEAK INTE Form 4 | RNATIONAL LTD | | | | | | | |
|--|---|--|---|------------------------------------|---|--|-----------|--|
| May 30, 2006 | 6 | | | | | | | |
| FORM | 4 | Washington, D.C. 20549 | | | | | | |
| | UNITED STAT | | | | | | | |
| Check thi if no long subject to Section 10 Form 4 or | er STATEMENT (| | | | | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | Section $17(a)$ of th | response 0 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 | | | | | | |
| (Print or Type R | esponses) | | | | | | | |
| | ddress of Reporting Person <u>*</u> LD 18A LTD | Symbol | me and Ticker or T ERNATIONAI | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | [PEAK IN] | EKNATIONAL | | | | | |
| | (First) (Middle) TH FLOOR, CDW , 388 CASTLE PEAK | 3. Date of Ear (Month/Day/ 05/26/2006 | | | Director 10% Owner Officer (give title X Other (specify below) *see Explanation of Responses | | | |
| | (Street) | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| TSUEN WA | | | | | Form filed by M Person | Aore than One Re | eporting | |
| (City) | (State) (Zip) | Table I - | - Non-Derivative S | Securities Ac | quired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. D (Month/Day/Year) Execu any (Mont | tion Date, if Tr Ca h/Day/Year) (In | ransaction(A) or Di ode (D) nstr. 8) (Instr. 3, | sposed of 4 and 5) (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) | | |
| Common | 05/26/2006 | | ode V Amount S 30,000 | (D) Price D \$3 | 1,106,852 | D | | |
| Reminder: Repo | ort on a separate line for each | class of securitie | es beneficially own | ed 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)

| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | | Transactio Code (Instr. 8) | of | Expiration Date (Month/Day/Year) | | Amo Unde Secu | r. 3 and 4) | Derivative Security (Instr. 5) | Deriv Secur Bene Owno Follo Repo Trans (Instr |
|--------------------------------------|---|-----------------------|-------------------|----------------------------------|-------------------------------|-------------------------------------|--------------------|---------------------|--|--------------------------------------|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Repor | ting O | wners | | | | | | | | | |
| Po | porting Owner Name / Address | Relationships | | | | | | | | | |
| Reporting Owner Name / Address | | | Director | Director 10% Owner Officer Other | | | | | | | |
| UNIT F, 1 388 CAST | TLE PEAK | OR, CDW BUILD | | | *see Explanation of Responses | | | | | | |
| Signa | tures | | | | | | | | | | |
| • | | hhoa, Director (or | n behalf of Lucky | gold 18A | X | 05/ | 30/2006 | | | | |
| | | **Signature of Report | ting Person | | | | Date | | | | |
| | | | | | | | | | | | |

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4.

5.

6. Date Exercisable and

7. Title and

8. Price of

9. Nt

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Remarks:

1. Title of 2.

* Reporting Person is no longer subject to Section 16(a) of the Exchange Act as Reporting Person is no longer a 10% sharehol

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.