**ADTRAN INC** Form 4 October 31, 2005

Check this box

if no longer

subject to

Section 16.

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** OMB

3235-0287 Number: January 31,

2005 Estimated average

10% Owner

0.5

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Expires:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person \*

HARVEY STEVEN L

2. Issuer Name and Ticker or Trading

Symbol

(First) (Middle) ADTRAN INC [ADTN] 3. Date of Earliest Transaction

(Month/Day/Year) 10/17/2005

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

C/O ADTRAN, 901 EXPLORER **BLVD** 

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

X\_ Officer (give title Other (specify below) Vice President Sales

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

**HUNTSVILLE, AL 35806** 

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

(A)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amor Derivative Conversion (Month/Day/Year) Execution Date, if **Transaction**Derivative **Expiration Date** Underlying Secur Securities Security or Exercise Code (Month/Day/Year) (Instr. 3 and 4) any

#### Edgar Filing: ADTRAN INC - Form 4

| (Instr. 3)                                      | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | (Instr. 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |                     |                    |                 |                        |
|---|------------------------------------|------------|------------------|------------|--|---------------------|--------------------|-----------------|------------------------|
|   |                                    |            |                  | Code V     | (A) (D)  | Date<br>Exercisable | Expiration<br>Date | Title           | Am<br>or<br>Nu<br>of S |
| Incentive<br>Stock Option<br>(right to buy)     | \$ 30.04                           | 10/17/2005 |                  | A          | 3,335  | 10/17/2006          | 10/17/2015         | Common<br>Stock | 3,                     |
| Non-Qualified<br>Stock Option<br>(right to buy) | \$ 30.04                           | 10/17/2005 |                  | A          | 14,665   | 10/17/2006          | 10/17/2015         | Common<br>Stock | 14                     |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |
|---------------------------------|---------------|
| Renariing (Twher Name / Adaress |               |

Director 10% Owner Officer Other

HARVEY STEVEN L C/O ADTRAN 901 EXPLORER BLVD HUNTSVILLE, AL 35806

Vice President Sales

## **Signatures**

By: Cathy Bartels For: Steven L. Harvey 10/31/2005

\*\*Signature of Reporting Person 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).

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.

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