Edgar Filing: GLATFELTER P H CO - Form 4

GLATFELT Form 4	ER P H CO									
November 02	2, 2006									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check this box								Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWN					NERSHIP OF		ted average			
Section 16. SECURITI								burden hou	rs per	
Form 4 of Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5		
obligation	ns Section 17(s	a) of the Public Ut				•		n		
may cont <i>See</i> Instru	inue.	30(h) of the In	•	•	· ·					
1(b).	etton			1	2					
(Print or Type F	Responses)									
1 Name and A	ddress of Reporting I	Person [*] 2 Lagua	Nome and	Tieker or	Tradia	20	5. Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person *2. Issuer Name and TDAHLBERG KATHLEENSymbol				Incker of Trading Issuer			reporting rote	011(0) 00		
			ELTER P	H CO [GLT]			、 、	
			f Earliest Transaction				(Check all applicable)			
(Month/D							X_ Director 10% Owner			
96 SOUTH GEORGE 11/01/2			006				Officer (give title Other (specify below) below)			
STREET, S	UITE 500									
(Street) 4. If Amer			ndment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/)			Applicable Line) _X_ Form filed by One Reporting Person			
							ore than One Reporting			
							Person			
(City)	(State)	(Zip) Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		3.	1			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct Indirec (D) or Benefic	Indirect Beneficial	
(Instr. 3) any (Month/Day/Ye			(Instr. 8)	(1130. 5,	+ and	5)	Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported Transaction(s)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				mount						
Stock, Par	11/01/2006	11/01/2006	A <u>(1)</u>	622	А	\$ 14.48	5,064	D		
Value \$.01						17.70				

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)

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	ele and unt of rlying rities (1, 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
DAHLBERG KATHLEE 96 SOUTH GEORGE ST SUITE 500 YORK, PA 17401		Х						
Signatures								
Suzanne DeMars	11/02/2006							
<u>**</u> Signature of Reporting Person	E	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).
- (1) As part of the Director's compensation, each Director receives a retainer of \$13,500.00 semi-annually, 1/3 is paid in cash and 2/3 in GLT stock. These shares represent the stock portion of this retainer.

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.