Edgar Filing: CERNER CORP /MO/ - Form 4

| CERNER C | CORP /MO/ | | | | | | | |
|---|--|------------------|--|--|---|-------------------------|--|--|
| Form 4 | | | | | | | | |
| February 12 | ЛЛ | | | | OMB A | PPROVAL | | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | |
| Check the check | | | | | Expires: | January 31, | | |
| subject Section Form 4 Form 5 | to SIAIEN 16. or | | NGES IN BENEFICIAL (SECURITIES | | Estimated a burden hou response | • | | |
| obligation may cor <i>See</i> Inst 1(b). | ons ntinue. Section 17(| a) of the Public | 16(a) of the Securities Exch Utility Holding Company A Investment Company Act of | ct of 1935 or Section | I | | | |
| (Print or Type | Responses) | | | | | | | |
| 1. Name and ILLIG CLI | Address of Reporting FFORD W | Symbo | uer Name and Ticker or Trading I IER CORP /MO/ [CERN] | Issuer | | | | |
| (Last) | (First) (1 | Middle) 3. Date | of Earliest Transaction | (Check all applicable) | | | | |
| 2800 ROC | KCREEK PARKV | | /Day/Year) /2008 | below) | XOfficer (give titleOther (specify | | | |
| (Street) | | | nendment, Date Original Ionth/Day/Year) | Applicable Line) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| NORTH K CITY, MO | | | | Form filed by M Person | ore than One Re | porting | | |
| (City) | (State) | (Zip) Ta | ble I - Non-Derivative Securities | s Acquired, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | ecurity (Month/Day/Year) Execution Da | | Transaction Disposed of (D) Code (Instr. 3, 4 and 5) | red (A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |
| Common Stock | 02/08/2008 | | S 10.000 D \$ | Price (Instr. 3 and 4) 8.125 4,303,476 | D | | | |
| Common Stock | | | | 16,302 | Ι | By Trust | | |
| Common Stock | | | | 391,334 | I | By spouse | | |

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 formSEC 1474
(9-02)

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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) | 4. Transactic Code (Instr. 8) | 5. 6. Date Exercisable and orNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 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 | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| ILLIG CLIFFORD W 2800 ROCKCREEK PARKWAY NORTH KANSAS CITY, MO 64117 | Х | | Vice Chairman | | | |
| Signatures | | | | | | |
| /s/Arika Greenwood, by power of atty | 02/1 | 2/2008 | | | | |
| **Signature of Reporting Person | Γ | 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.