

LIPE PERRY L  
Form 4  
December 19, 2002

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

OMB APPROVAL

**FORM 4**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response. . .0.5

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

Filed By Romeo & Dye's Instant Form 4 Filer  
www.section16.net

|                                            |         |          |                                                                               |  |                                                    |  |                                                                                                                                                                    |  |  |
|--------------------------------------------|---------|----------|-------------------------------------------------------------------------------|--|----------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. Name and Address of Reporting Person*   |         |          | 2. Issuer Name and Ticker or Trading Symbol                                   |  |                                                    |  | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable)                                                                                            |  |  |
| Lipe, Perry L.                             |         |          | ArvinMeritor, Inc. (ARM)                                                      |  |                                                    |  | <input type="checkbox"/> Director<br><input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below)<br>Other (specify below) |  |  |
| (Last)                                     | (First) | (Middle) | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) |  | 4. Statement for Month/Day/Year                    |  | <input type="checkbox"/> Other (specify below)<br><br><b>Senior Vice President and Chief Information Officer</b>                                                   |  |  |
| ArvinMeritor, Inc.<br>2135 West Maple Road |         |          |                                                                               |  | 12/17/02                                           |  |                                                                                                                                                                    |  |  |
| (Street)                                   |         |          |                                                                               |  | 5. If Amendment, Date of Original (Month/Day/Year) |  | 7. Individual or Joint/Group Filing (Check Applicable Line)                                                                                                        |  |  |
| Troy, MI 48084-7186                        |         |          |                                                                               |  |                                                    |  | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                    |  |  |

(City) (State) (Zip)

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 & 5) |            |           | 5. Amount of Securities Beneficially Owned Following Reported Transactions(s) (Instr. 3 & 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|---|-----------------------------------------------------------------|------------|-----------|----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
|                                 |                                      |                                                    | Code                           | V | Amount                                                          | (A) or (D) | Price     |                                                                                              |                                                          |                                                       |
| Common Stock                    |                                      |                                                    |                                |   |                                                                 |            |           | 1,576                                                                                        | I                                                        | ArvinMeritor Savings Plan <sup>(1)</sup>              |
| Common Stock                    | 12/16/02                             | 12/17/02                                           | J <sup>(2)</sup>               |   | 62                                                              | A          | \$15.8140 | 9,791                                                                                        | I                                                        | Restricted Stock <sup>(3)</sup>                       |

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

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

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

**FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security | 2. Conversion or Exercise Price of | 3. Transaction Date | 3A. Deemed Execution Date, | 4. Transaction Code | 5. Number of Derivatives | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially | 10. Ownership Form | 11. Nature of Indirect Beneficial Ownership |
|---------------------------------|------------------------------------|---------------------|----------------------------|---------------------|--------------------------|----------------------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------|---------------------------------------------|
|---------------------------------|------------------------------------|---------------------|----------------------------|---------------------|--------------------------|----------------------------------------------------------|----------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------|---------------------------------------------|

Edgar Filing: LIPE PERRY L - Form 4

| (Instr. 3)                            | Derivative Security | (Month/Day/Year) | if any (Month/Day/Year) | Securities (Instr. 8) |                                 |                   |        | Date Exer-cisable | Expira-tion Date | (Instr. 3 & 4)      |                            | Owned Following Reported Transaction(s) (Instr. 4) | of Deriv-ative Security: Direct (D) or Indirect (I) (Instr. 4) | (Instr. 4) |
|---------------------------------------|---------------------|------------------|-------------------------|-----------------------|---------------------------------|-------------------|--------|-------------------|------------------|---------------------|----------------------------|----------------------------------------------------|----------------------------------------------------------------|------------|
|                                       |                     |                  |                         | (Instr. 8)            | Acquired (A) or Disposed of (D) | (Instr. 3, 4 & 5) | (Year) |                   |                  | Title               | Amount or Number of Shares |                                                    |                                                                |            |
| <b>Common Stock Share Equivalents</b> |                     | <u>(4)</u>       |                         | <b>J</b>              | <b>53</b>                       |                   |        |                   |                  | <b>Common Stock</b> | <b>53</b>                  | <b>317</b>                                         | <b>D</b>                                                       |            |

Explanation of Responses:

- (1) Shares held in ArvinMeritor common stock funds in an employee benefit trust fund established under the ArvinMeritor, Inc. Savings Plan, based on information furnished by the Plan Administrator as of November 30, 2002.
- (2) Acquisition of additional shares of restricted stock through reinvestment of quarterly dividend, based on information provided by restricted stock plan administrator.
- (3) Held by the issuer to implement restrictions on transfer unless and until certain conditions are met.
- (4) Periodic acquisition of share equivalents related to ArvinMeritor common stock, held under ArvinMeritor's supplemental savings plan, based on information furnished by the Plan Administrator as of November 30, 2002.

By: /s/ **Perry L. Lipe** 12/19/02  
**By: Bonnie Wilkinson, Attorney-in-fact** Date  
 \*\*Signature of Reporting Person

\*\*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.

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 Number.