## Edgar Filing: ARVINMERITOR INC - Form 4

**ARVINMERITOR INC** 

Form 4										
November 3										
FORN	<b>14</b> UNITED ST	ATES SECUR	ITIES A	ND EXC	HAN	NGE (	COMMISSION	r	PPROVAL	
			hington,					OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o	6. STATEME	NT OF CHAN	OF CHANGES IN BENEFICIAL OWNERSHIP C SECURITIES					Expires: January 31 200 Estimated average burden hours per response 0.		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a)	ant to Section 1 of the Public Ut 30(h) of the In	ility Hold	ing Com	pany	Act o	f 1935 or Sectio			
(Print or Type F	Responses)									
1. Name and Address of Reporting Person *2. IssuOstrov RobertSymbol							5. Relationship of Reporting Person(s) to Issuer			
			ARVINMERITOR INC [ARM]				(Check all applicable)			
(Last) ARVINME WEST MAI	(First) (Midd RITOR, INC., 2135 PLE ROAD	dle) 3. Date of (Month/D 12/01/20	•	ansaction			Director X Officer (give below) SVP, I			
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
TROY, MI	48084-7186						Form filed by M Person	More than One R	eporting	
(City)	(State) (Zij	<sup>p)</sup> Tabl	e I - Non-D	erivative S	ecuri	ties Aco	quired, Disposed o	f, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	a	A. Deemed Execution Date, if ny Month/Day/Year)	3. Transactio Code (Instr. 8)		posed	of	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	12/01/2006		A	11,000		<u>(1)</u>	21,000	I	Restricted Stock (2)	

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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amor Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	<sup>7</sup> (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				
Ostrov Robert ARVINMERITOR, INC. 2135 WEST MAPLE ROAD TROY, MI 48084-7186			SVP, Human Resources					
Signatures								
Robert Ostrov, by Bonnie Wilk attorney-in-fact		12/01/2006						
<u>**</u> Signature of Reporting F	Date							
<b>Explanation of Re</b>	spon	ses:						

## \* 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) Not applicable.
- (2) Held by the issuer to implement restrictions on transfer unless and until certain conditions are met.

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.