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Harris Stratex Networks, Inc. Form 4 November 07, 2008

November 07	7, 2008											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS							COMMISSION	OMB AF	PROVAL			
Check this box if no longer subject to Section 16. Form 4 or				Washington, D.C. 20549 CHANGES IN BENEFICIAL OW SECURITIES tion 16(a) of the Securities Exchang					NERSHIP OF	Number: Expires: Estimated a burden hou response	urs per	
obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(3		ublic Uti of the Inv	•		·			1935 or Section 0	n		
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> KENNARD PAUL			2. Issuer Name and Ticker or Trading Symbol Harris Stratex Networks, Inc.					,	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (N I TRIANGLE DAVIS DRIVE	Aiddle)	[HSTX] 3. Date of (Month/Da 11/05/20	ay/Year)	Frai	nsaction			Director X Officer (give below) Chief 7		o Owner er (specify er	
	(Street)		4. If Amer Filed(Mont			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M	One Reporting Pe	rson	
	LLE, NC 27560								Person		porting	
(City)	(State)	(Zip)	Table	I - Non-	De	rivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)		Date, if	3. Transac Code (Instr. 8 Code	tior)	4. Securiti (A) or Dis (D) (Instr. 3, 4)	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Class A Common Stock	11/05/2008			А		26,130 (1)	A	\$0	70,995	D		

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 5.97	11/05/2008		А	50,251	(2)	11/05/2015	Class A Common Stock	50,2

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KENNARD PAUL RESEARCH TRIANGLE PARK 637 DAVIS DRIVE MORRISVILLE, NC 27560			Chief Technical Offi	cer			
Signatures							
/s/ Juan Otero, General Counsel an Kennard	nd Secreta	ry, on behal	f of Paul	11/07/2008			

**Signature of Reporting Person

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).

Performance shares shall vest following the end of the Corporation's 2012 fiscal year (approximately 6/30/2012). Vesting requirements include continuous employment and achievement of certain performance results by the Corporation for the cumulative period from June

Date

- (1) Include continuous employment and achievement of certain performance results by the corporation for the cumulative period from state 28, 2008 through the end of fiscal year 2009. The final number of shares to vest (0% - 150%) shall be determined based on the performance results. Unvested shares are subject to forfeit should eligible employment end.
- (2) The option grant shall vest at a rate of 50% of the shares subject to the option on the first anniversary of the grant date, 25% on the second anniversary of the grant date and the final 25% on the third anniversary of the grant date.

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.