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Amidon Dan	iel Willson										
Form 4											
March 05, 20	012										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITEL	JSIAIE		shington,			NGE C	.OMINIISSION	OMB Number:	3235-0287	
Check thi			v v etc	, <u>5</u> .011,	D.C. 20					January 31,	
if no longer STATEMENT OF CHAN				NGES IN BENEFICIAL OWNERS				NERSHIP OF	Expires:	2005	
subject to STATEMENT OF CHAP Section 16.				SECURITIES					Estimated average burden hours per		
	Form 4 or								response 0.5		
Form 5 obligatior	• · · · · ·						-	e Act of 1934,			
may conti	Section 1			•	•	· ·		1935 or Section	n		
See Instru	iction	30(h)	of the In	vestment	Compan	y Ac	t of 194	10			
1(b).											
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Amidon Daniel Willson				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Annuon Dai	Symbol PETROLEUM DEVELOPMENT				NIT						
			CORP [EVELO.	PME	NI	(Chec	k all applicable)	
		AC11		1				D:	100	0	
(Last)	(First)	(Middle)	3. Date of (Month/D	Earliest Tr	ansaction			Director X Officer (give		Owner er (specify	
1775 SHERI	MAN STREET	SUITE	03/04/20	-				below)	below)		
3000		~	05/01/2	012				Gen.Co	unsel & Secreta	ary	
	(Street)		4 If Ame	ndment, Da	te Origina			6 Individual or Io	int/Group Filin	o(Check	
. ,				nth/Day/Year	-			6. Individual or Joint/Group Filing(Check Applicable Line)			
								X Form filed by C			
DENVER, C	CO 80203							Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year	·	on Date, if	Transactic Code	on(A) or Di	•		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 5)		any (Month/l	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Owned	(-) •• ••••	Ownership	
			-					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or	Drice	(Instr. 3 and 4)			
Common				Code V		(D)	Price \$				
Stock	03/04/2012			F	963 <u>(1)</u>	D	ф 36.01	42,204	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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		
Amidon Daniel Willson 1775 SHERMAN STREET SUITE 3000 DENVER, CO 80203			Gen.Counsel & Secretary			
Signatures						

/s/ Daniel W. Amidon 03/05/2012

<u>**</u>Signature of Reporting Person

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) Represents shares of common stock surrendered to issuer to cover tax withholding obligations of the reporting person upon the vesting of shares of restricted stock pursuant to time-vesting criteria.

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.