

SNAP ON INC
Form 3/A
December 20, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â KASSOUF THOMAS L.			(Month/Day/Year)	SNAP ON INC [SNA]	
(Last)	(First)	(Middle)	12/18/2007	4. Relationship of Reporting Person(s) to Issuer	
2801 80TH STREET				(Check all applicable)	
(Street)				<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP & Pres - Commercial Group	
KENOSHA, WI 53143				5. If Amendment, Date Original Filed(Month/Day/Year)	
(City)	(State)	(Zip)		12/19/2007	
				6. Individual or Joint/Group Filing(Check Applicable Line)	
				<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	0	D	Â
Common Stock	2,631.488 ⁽¹⁾	I	By 401(k)

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (2)	02/16/2016	Common Stock	3,240	\$ 39.35	D	Â
Stock Option (Right to Buy)	Â (3)	02/15/2017	Common Stock	6,480	\$ 50.22	D	Â
Stock Option (Right to Buy)	Â (4)	04/30/2017	Common Stock	6,000	\$ 54.5	D	Â
Restricted Stock	Â (5)	Â (5)	Common Stock	3,600	\$ (6)	D	Â
Restricted Stock	Â (7)	Â (7)	Common Stock	3,030	\$ (6)	D	Â
Deferred Stock Units	Â (8)	Â (8)	Common Stock	322.4243	\$ (6)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
KASSOUF THOMAS L. 2801 80TH STREET KENOSHA, WI 53143	Â	Â	Â SVP & Pres - Commercial Group	Â

Signatures

Kenneth V. Hallett under Power of Attorney for Thomas L. Kassouf 12/20/2007

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) This information is based on a plan statement dated 12/6/2007.
- (2) The option vests on 2/16/2008.
- (3) One third of the option vests on each of 2/15/2008, 2/15/2009 and 2/15/2010.
- (4) One third of the option vests on each of 4/30/2008, 4/30/2009 and 4/30/2010.
- (5) The stock vests on the achievement of certain Company initiatives over the 2006-2008 period.
- (6) 1 for 1.
- (7) The stock vests on the achievement of certain Company initiatives over the 2007-2009 period.
- (8) Payment will begin within 30 days first beginning after the earliest of the date specified in advance of the deferral by the reporting person, death, disability, retirement or termination of employment.

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Remarks:

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Remarks:

This amendment is being filed because the Reporting Person's executed Power of Attorney was inad

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.