ARVINMERITOR INC

Form 4

January 02, 2008

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

January 31, 2005

0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Common

Common

Common

Stock

Stock

Stock

01/02/2008

(Print or Type Responses)

1. Name and DONLON	Symbol	2. Issuer Name and Ticker or Trading Symbol ARVINMERITOR INC [ARM]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle) 3. Date	of Earliest	Γransaction	(Sheek an applicable)				
		(Month	Day/Year)		Director		_ 10% Owner		
ARVINMI	135 01/02/	2008		X Officer (give title Other (specify below)					
WEST MA				Sr. VP and CFO					
	4. If An	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
		Filed(M	Filed(Month/Day/Year)			Applicable Line)			
TROY, MI	48084-7186				_X_ Form filed by One Reporting Person 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	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if		or(A) or Disposed of	Securities	Ownership	Indirect		
(Instr. 3)		any	Code	(D)	Beneficially	Form:	Beneficial		
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)	Owned	Direct (D)	Ownership		
					Following	or Indirect	(Instr. 4)		
				(A)	Reported	(I)			

Code V

Α

(A)

(D)

Α

Price

(1)

Amount

52,000

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form

Transaction(s)

(Instr. 3 and 4)

87,039

329

41,211

(Instr. 4)

Ι

Ι

D

Restricted

ArvinMeritor

Savings Plan

Stock (2)

(3)

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displays a currently valid OMB control

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						· ·
					4, and 5)						
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable		of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DONLON JAMES D III ARVINMERITOR, INC. 2135 WEST MAPLE ROAD TROY, MI 48084-7186

Sr. VP and CFO

Signatures

James D. Donlon, III, by Barbara Novak, Attorney-in-fact

01/02/2008

**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) Not applicable.
- (2) Held by the issuer to implement restrictions on transfer unless and until certain conditions are met.
- (3) Shares purchased periodically and held in ArvinMeritor common stock funds in an employee benefit trust established under the ArvinMeritor, Inc. Savings Plan, based on information furnished by the Plan Administrator as of November 30, 2007.

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.

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