Edgar Filing: ARVINMERITOR INC - Form 4

ARVINMERITO	OR INC								
Form 4 January 28, 2008	1								
FORM 4	l						-	PPROVAL	
Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287	
Check this boy if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERS					NERSHIP OF	Expires: Estimated a	January 31, 2005 average	
Section 16. Form 4 or	SECURITIES					burden hou response	rs per		
	Form 5 obligations may continue. See Instruction 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 Respo	onses)								
1. Name and Addres ROTHMEIER S	Symbol	2. Issuer Name and Ticker or Trading Symbol ARVINMERITOR INC [ARM]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Mi		Earliest Tra	_		(Chec	k all applicable	e)	
ARVINMERIT(WEST MAPLE	(Month/D	(Month/Day/Year) 01/25/2008			X_Director10% Owner Officer (give titleOther (specify below)below)				
	4. If Ame	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(M TROY, MI 48084-7186			nth/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State) (Z	Zip) Tabl	e I - Non-D	erivative S	ecurities Ac	quired, Disposed of	f, or Beneficial	lly Owned	
	Transaction Date onth/Day/Year)		3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	ies (A) or of (D)	5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-	
Common Stock						3,000	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)

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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. Transacti Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Share Units	\$ 0	01/25/2008		А	6,607	(1)	(1)	Common Stock	6,607	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ROTHMEIER STEVEN G ARVINMERITOR, INC. 2135 WEST MAPLE ROAD TROY, MI 48084-7186	Х						
Signatures							
Steven G. Rothmeier, By Barba Attorney-in-fact	01/28/2008						
<u>**Signature of Reporting</u>	ng 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).

Restricted share units vest and are paid or settled after the earliest of (1) six years from the date of award, (2) ten days after retirement from the Board after reaching age 72 and having at least 3 years of service as a director, and (3) the date of ceasing to be a director by

(1) If the board after reaching age 72 and having a reast 5 years of service as a director, and (5) the date of ceasing to be a director by reason of the antitrust laws, compliance with conflict of interest policies, death, disability or other circumstances that the Board deems not to be adverse to the best interests of ArvinMeritor.

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.