

Edgar Filing: TEREX CORP - Form 4

TEREX CORP  
Form 4  
January 17, 2003

U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 1940

[ ] Check box if no longer subject to Section 16. Form 4 or Form 5 obligations  
may continue. See Instruction 1(b).

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1. Name and Address of Reporting Person\*

|                               |         |          |
|-------------------------------|---------|----------|
| Henry                         | Brian   | J.       |
| -----                         | -----   | -----    |
| (Last)                        | (First) | (Middle) |
| 500 Post Road East, Suite 320 |         |          |
| -----                         |         |          |
| (Street)                      |         |          |
| Westport                      | CT      | 06880    |
| -----                         | -----   | -----    |
| (City)                        | (State) | (Zip)    |

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2. Issuer Name and Ticker or Trading Symbol

Terex Corporation - (TEX)

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3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)

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4. Statement for Month/Year

1/15/03

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5. If Amendment, Date of Original (Month/Year)

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6. Relationship of Reporting Person to Issuer  
(Check all applicable)

|  |  |
|--|--|
| <input type="checkbox"/> Director                              | <input type="checkbox"/> 10% Owner             |
| <input checked="" type="checkbox"/> Officer (give title below) | <input type="checkbox"/> Other (specify below) |

Vice President - Finance, Business Development





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\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed.  
If space provided is insufficient, see Instruction 6 for procedure.

Page 2