Edgar Filing: BARON JOSEPH M - Form 4

BARON JOS	SEPH M											
Form 4												
June 22, 2009	9											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO									OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OND	3235-0287			
Check thi	s box		was	nington,	D.C. 20:	549			Number:	January 31,		
if no long	or.		CHAN	CES IN I	DENIFFI	CIA		NEDCHID OF	Expires:	2005		
subject to				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average			
Section 10 Form 4 or				SECON	ECURITIES					burden hours per response 0.5		
Form 5		suant to S	Section 16	5(a) of the	e Securiti	ies E	xchang	ge Act of 1934,	response	0.5		
obligation	18 Section 17(a)						-	f 1935 or Sectio	n			
may conti <i>See</i> Instru	nue.			vestment	•							
1(b).	otion					-						
(Print or Type R	tesponses)											
1 Name and A	ddrass of Doporting I	lorson *	0 T			.		5 Deletionship of	Paparting Dar	aon(s) to		
BARON JOS	ddress of Reporting F SEPH M			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Symoor				mbol HARMING SHOPPES INC								
			[CHRS]	1110 511		III.		(Check all applicable)				
(Leat)	(First)	(ddla)		БЪ (Т	<i></i>			Director	100	Owner		
(Month/				Date of Earliest Transaction Ionth/Day/Year)				Director X Officer (give		er (specify		
			06/19/20	-				below) below) EVP/Chief Operating Officer				
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mont				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
BENSALEN	I. PA 19020							Form filed by M				
	.,							Person				
(City)	(State) (Zip)	Table	e I - Non-D	erivative S	Securi	ities Acc	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	action Date 2A. Deemed (Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)			e, if Transaction(A) or Disposed of Code (D)				Beneficially ((D) or Ber Indirect (I) Ow	Indirect Beneficial Ownership		
(Instr. 3)												
				(mou. 5) (mou. 5, 1 and 5)			Following	(Instr. 4)				
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(insures und 1)				
Common	06/19/2009			F	447	D	\$	203,837	D			
Stock							3.66					

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)

Reporting Owners

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Add	ress	Relationships							
L O	Director	10% Owner	Officer	Other					
BARON JOSEPH M 450 WINKS LANE BENSALEM, PA 19020			EVP/Chief Operating Officer						
Signatures									
JOSEPH M. BARON	06/19/2009								
<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).

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.