#### PHOENIX FOOTWEAR GROUP INC

Form 4 May 31, 2006

#### FORM 4

# OMB APPROVAL ITIES AND EXCHANGE COMMISSION OMB

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

Washington, D.C. 20549

Number: 3235-0287 Expires: January 31, 2005

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

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

1(b).

value

(Print or Type Responses)

1. Name and Address of Reporting Person ** RIEDMAN JAMES R			2. Issuer Name <b>and</b> Ticker or Trading Symbol PHOENIX FOOTWEAR GROUP INC [PXG]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) 5759 FLEET	(First) STREET, S	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/30/2006	_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) Chairman of the Board		
CARLSBAD	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired. Disposed of, or Beneficially Owner		

							1 010011		
(City)	(State)	(Zip) Table	e I - Non-D	Perivative	Secur	rities Ac	quired, Disposed	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)		spose	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, \$0.01 par value	05/30/2006	05/30/2006	P	3,000	A	\$ 4.79	685,882	D	
Common Stock, \$0.01 par value							443,808	I	CE Capital
Common Stock, \$0.01 par							382,710	I (1)	by Riedman Corp.

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Common Stock, \$0.01 par value	87,337	I (2)	Family members in household
Common Stock, \$0.01 par value	237,565	I (3)	Retirement Savings Partnership Plan

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.

SEC 1474

(9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed		ate	7. Title a Amount Underly Securitie (Instr. 3	t of ring es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
				of (D) (Instr. 3, 4, and 5)						(Insti
			Code V	, ,	Date Exercisable	Expiration Date	Title N	Number		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
RIEDMAN JAMES R 5759 FLEET STREET SUITE 220 CARLSBAD, CA 92008	X	X	Chairman of the Board				

# **Signatures**

/s/ James R. Riedman	05/30/2000		
**Signature of Reporting Person	Date		

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## **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) Beneficial ownership disclaimed as to shares held by Riedman Corp.
- (2) Beneficial ownership disclaimed as to shares held my Mr. Riedman's children.
- (3) Beneficial ownership disclaimed as to shares held by the Retirement Savings Partnership Plan. Represents shares which have not been allocated to participants under the plan.

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.