

Hood Beth B
Form 5
January 21, 2009

FORM 5

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

Check this box if
no longer subject
to Section 16.
Form 4 or Form
5 obligations
may continue.
See Instruction
1(b).
Form 3 Holdings
Reported
Form 4
Transactions
Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP OF SECURITIES**

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

OMB APPROVAL

OMB
Number: 3235-0362
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1. Name and Address of Reporting Person *
Hood Beth B

2. Issuer Name **and** Ticker or Trading
Symbol

NORTH AMERICAN
GALVANIZING & COATINGS
INC [NGA]

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

____ Director ____ 10% Owner
____X____ Officer (give title below) ____ Other (specify below)

VICE PRESIDENT & CFO

3. Statement for Issuer's Fiscal Year Ended
(Month/Day/Year)
12/31/2008

5314 S YALE AVENUE SUITE
1000

(Street)

4. If Amendment, Date Original
Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

TULSA, OK 74135

____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 Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
COMMON STOCK, \$.10 PAR	12/31/2008 ⁽¹⁾	Â	J	1,929 ⁽²⁾ A \$ ⁽³⁾ 3,762	I	401K PLAN ⁽⁴⁾	

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 2270
(9-02)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction 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. Price of Derivative Security (Instr. 5)	9. of D S B O E I F (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hood Beth B 5314 S YALE AVENUE SUITE 1000 TULSA, OK 74135	Â	Â	Â VICE PRESIDENT & CFO	Â

Signatures

/S/ BETH B.
HOOD

01/21/2009

**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) CONTRIBUTIONS MADE ON BEHALF OF THE REPORTING PERSON TO THE NORTH AMERICAN GALVANIZING COMMON STOCK FUND, UNDER THE COMPANY'S 401(K) DEFINED CONTRIBUTION PLAN, THE NORTH AMERICAN GALVANIZING SAVINGS - INVESTMENT - RETIREMENT PLAN (THE "PLAN") DURING THE PERIOD JANUARY 1, 2008 TO DECEMBER 31, 2008.

(2) THE INCREASE IN EQUIVALENT SHARES IN THE PLAN DURING THE PERIOD JANUARY 1, 2008 TO DECEMBER 31, 2008.

(3) THE PRICE VARIES SINCE THE PLAN TRUSTEE MAKES PERIODIC PURCHASES THROUGHOUT THE YEAR.

(4) EQUIVALENT SHARES OWNED BY VIRTUE OF PARTICIPATION IN THE PLAN THROUGH DECEMBER 31, 2008.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.