

Edgar Filing: FAB INDUSTRIES INC - Form 5

FAB INDUSTRIES INC  
 Form 5  
 January 16, 2001

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

FORM 5

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- Check 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

1. Name and Address of Reporting Person  
 Myers, Steven  
 c/o Fab Industries, Inc.  
 200 Madison Avenue  
 New York, New York 10016
2. Issuer Name and Ticker or Trading Symbol  
 Fab Industries, Inc. ("FIT")
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year  
 01/01
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
 Director  10% Owner  Officer (give title below)  
 Other (specify below)  
  
 Co-President, Chief Operating Officer
7. Individual or Joint/Group Reporting (Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Transaction Date	3. Code (Instr. 3, 4 and 5)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at End of Year (Instr. 3 and 4)
Common Stock, \$.20 par value	12/31/00	A	318	1,473 (1)
Common Stock, \$.20 par value				48,370 (2)



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11-03-03, 11-03-04 and 11-03-05.

/s/ Steven Myers

01/12/01

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\*\*Signature of Reporting Person

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Date

\*\* 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.

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.

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