Edgar Filing: WATSON CLEMENT H - Form 4

WATSON CLEN Form 4	AENT H										
March 02, 2010											
FORM 4									PPROVAL		
	UNITED	STATES		RITIES A Ashington			COMMISSIO	N OMB Number:	3235-0287		
Check this box if no longer					DENIER		WNERSHIP OF	Expires:	January 31, 2005		
subject to Section 16. Form 4 or	SIAIEN	F CHAI	NGES IN SECUI	Estimated burden hor response	average urs per						
Form 5 obligations may continue.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).											
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> WATSON CLEMENT H			2. Issuer Name and Ticker or Trading Symbol AZZ INC [AZZ]			Trading	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (I	Middle)		of Earliest T			(Cho	eck all applicabl	le)		
(Lust)	(1130) (1	(made)		Day/Year)	Talisaction		Director	109	% Owner		
ONE MUSEUM 500, 3100 WEST	03/01/2010				_X_ Officer (give title Other (specify below) below) VP SALES & MARKETING						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
FORT WORTH, TX 76107							Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned		
	ansaction Date nth/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						(A) or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Report or	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforn requii	nation cont red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Owner securities)	d			

1. Title of Derivative	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount
Security	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof Derivative	Expiration Date	Underlying Securitie
(Instr. 3)	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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	Price of Derivative Security		(Month/Day/Year)	(Instr. 3	,	Acquired (A) or Disposed (D) (Instr. 3, and 5)	d of				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	An or Nu of Sha
STOCK APPRECIATION RIGHTS	<u>(1)</u>	03/01/2010		А		3,978		(2)	(2)	COMMON STOCK	3,
RESTRICTED STOCK UNITS	<u>(3)</u>	03/01/2010		А		682		(4)	(4)	COMMON STOCK	6

Reporting Owners

Reporting Owner Name / A	ddress	Relationships							
	Director	10% Owner	Officer	Other					
WATSON CLEMENT H ONE MUSEUM PLACE SU 3100 WEST 7TH STREET FORT WORTH, TX 76107	JITE 500		VP SALES & MARKETING						
Signatures									
DANA PERRY	03/02/2010								

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) THE BASE PRICE OF SUCH SAR SHALL BE DETERMINED BY THE CLOSING PRICE OF ONE SHARE OF COMMON STOCK ON THE NEW YORK STOCK EXCHANGE FOR THE GRANT DATE OF SUCH AWARDS.
- (2) ON EACH OF THE FIRST THREE ANNIVERSARIES OF THE EFFECTIVE DATE, ONE-THIRD (1/3) OF THE STOCK APPRECIATION RIGHTS GRANTED HEREBY SHALL VEST.
- (3) THE BASE PRICE OF SUCH RSU SHALL BE DETERMINED BY THE CLOSING PRICE OF ONE SHARE OF COMMON STOCK ON THE NEW YORK STOCK EXCHANGE FOR THE GRANT DATE OF SUCH AWARDS.
- (4) THE RSU SHALL VEST AND BE EXERCISABLE IN FULL ON THE THIRD ANNIVERSARY OF THE GRANT DATE.

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.

**Signature of

Reporting Person