## Edgar Filing: MASTERCARD INC - Form 4

MASTERCA	ARD INC											
Form 4												
May 30, 200	6											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check thi if no long								Expires:	January 31,			
subject to	STATEA	IENT O	F CHAN	CHANGES IN BENEFICIAL OWNERSHIP O						Estimated average 2005		
Section 1				SECURITIES						burden hou	burden hours per	
Form 4 or Form 5		anont to	Section 14	f(a) = f(a)	th a	Comiti	a Er	ahana	ha A at of $1024$	response	0.5	
obligation	<b>n</b> o <b>-</b>							-	e Act of 1934, f 1935 or Sectio	n		
may cont	inue.		) of the In	•		<b>.</b>				11		
<i>See</i> Instru 1(b).	lction	50(11)	) of the m	vestiller		company	1100	0117				
(Print or Type F	Responses)											
1 Name and A	ddrass of Penorting	Derson *	2.1	<b>N</b> T		<b>T</b> . 1 <b>T</b>			5 Palationship of	Paparting Dar	son(s) to	
N C 11N C 1 1				Issuer Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to Issuer			
			Symbol MASTE		וח	INC [MA						
		AT 111 \				-	7]		(Chec	k all applicable	e)	
(Last)	(First) (I	Middle)	3. Date of (Month/D			insaction			Director	100	Owner	
				Month/Day/Year) )5/25/2006					Officer (give title Other (specify			
			00/20/20						below) Chief Ad	below) ministrative Of	ficer	
	(Stars at)		4 10 4	1	D /	0 1						
				f Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			rneu(mon	ui/Day/10	ear)				_X_ Form filed by (	One Reporting Pe	erson	
PURCHASE	E, NY 10577250	09							Form filed by N Person	fore than One Re	eporting	
	(54-4-)	(7:)										
(City)	(State)	(Zip)	Table	e I - Non	1-De	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3.					5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	any	on Date, if	Transaction(A) or Disposed of Code (D)				of		Form: Direct (D) or	Indirect Beneficial	
(110410)		•	/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			Owned I	Indirect (I) C	Ownership			
									Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported Transaction(s)			
				Cada	v	Amount	or	Duice	(Instr. 3 and 4)			
Class A				Code	v	Amount	(D)	Price				
Common	05/25/2006			А		64,566	А	\$0	64,566	D		
Stock						.,		(1)				

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)

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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. Transactio Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 39	05/25/2006		А	13,076	(2)	05/25/2016	Class A Common Stock	13,076

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Michl Michael 2000 PURCHASE STREET PURCHASE, NY 1057725009			Chief Administrative Officer				
Signatures							
Ron Llewellyn as attorney in fa Michl	05/30/2006						
**Signature of Reporting Pe	Date						
<b>Explanation of Re</b>	spon	ses:					

- \* 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) Award of restricted stock units
- (2) The employee stock options vest in 4 equal annual installments beginning 05/25/2007

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.