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Whitehurst J	James M										
Form 4											
March 29, 20	011										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL	
	UNITED	STATES					NGE C	OMMISSION	OMB	3235-0287	
Check th	is box		vv as	shington,	, D.C. 20	549			Number:	January 31,	
if no longer				IGES IN BENEFICIAL OWNERSHIP O				SEDSHID OF	Expires: 20		
subject to Section 1	0			SECURITIES					Estimated average		
Form 4 c									burden hour response	rs per 0.5	
Form 5	Filed pu	rsuant to S	Section 1	6(a) of th	e Securit	ies E	xchange	e Act of 1934,	10000100	0.0	
obligatio	ons Section 17						-	1935 or Section	ı		
may cont See Instr		30(h)	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
(Print or Type]	Responses)										
1 Name and A	Address of Reporting	Person *	2 1	- NT	I T: -1	T	_	5. Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person *2. IssuerWhitehurst James MSymbol				r Name and Ticker or Trading				Issuer			
			•	IAT INC [RHT]							
(Last)	(First)	(Middle)		-				(Check	c all applicable)	
(Last)	(1131)	(winduic)	(Month/E	of Earliest Transaction			XDirector10% Owner				
C/O RED HAT, INC., 1801 03/28/2			-			XOfficer (give titleOther (specify					
VARSITY	DRIVE							below)	below) D & President		
	(Street)		4 If Ame	andmant Data Original							
			mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
							X Form filed by One Reporting Person				
RALEIGH,	NC 27606							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)									
(eny)				le I - Non-I	Derivative	Securi	ities Acqu	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3. 4. Securities Acquired				5. Amount of	6. Ownership Form: Direct	7. Nature of Indirect Beneficial	
Security (Instr. 3)	(Month/Day/Year)	any any	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially			
(insure)		(Month/Day/Year)			(11154170)	. und t	-)	Owned	(D) or	Ownership	
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Codo V	Amount	or	Duine	(Instr. 3 and 4)			
				Code V	Amount	(D)	Price \$				
Common	03/28/2011			S	25,000	D	φ 46.24	243,478	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration E (Month/Day e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Whitehurst James M C/O RED HAT, INC. 1801 VARSITY DRIVE RALEIGH, NC 27606	Х		CEO & President					
Signatures								
/s/ Stephanie Trunk, Atty in Fact UPOA	t	03/29/2011						
**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).
- Represents the weighted average sale price per share. The shares were sold at prices ranging from \$45.95-\$46.42 per share. Full
 (1) information regarding the number of shares sold at each price shall be provided upon request to the Staff of the U.S. Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.

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.