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EDISON IN Form 4 January 25, 2	TERNATIONAL											
	_								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check th if no long			0		Expires:	January 31,						
subject to Section 1 Form 4 o	6. r	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Estimated a burden hou response	irs per		
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type I	Responses)											
MCDANIEL THOMAS R Symbol					Ticker or T	-		5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Midd		f Earliest T			L	1	(Check all applicable)				
P. O. BOX 800, 2244 WALNUT (Month/Da GROVE AVENUE 12/04/20				Day/Year)				Director 10% Owner Officer (give title Other (specify below) Exec. VP, CFO & Treas.				
(Street) 4. If Amer				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
ROSEMEAD, CA 91770												
(City)	(State) (Zip	⁽²⁾ Tab	le I - Non-	De	rivative So	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)				of	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)				
			Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	12/04/2007		G <u>(1)</u>	V	4,500	D	\$0	111,026	Ι	By Family Trust		
Common Stock	01/16/2008		G <u>(2)</u>	V	11,759	D	\$0	0	D			
Common Stock	01/16/2008		G <u>(2)</u>	V	11,759	А	\$0	122,785	I	By Family Trust		
Common Stock								9,952.7669	I	By Edison 401(k) Savings Plan (3)		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or 1		
						Exercisable	Date		Number		
					(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
MCDANIEL THOMAS R P. O. BOX 800 2244 WALNUT GROVE AVENU ROSEMEAD, CA 91770	JE		Exec. VP, CFO & Treas.			
Signatures						
/s/ McDaniel, 01/ Thomas R.	25/2008					

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Shares were transferred to a charitable foundation.
- (2) These transactions are transfers from the Reporting Person's name to a trust.
- (3) The holdings reported herein include transactions pursuant to the Edison 401(k) Savings Plan exempt from reporting under Section 16(a).

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