Edgar Filing: CONNER KEVIN J - Form 4

CONNER K	EVIN J										
Form 4 June 13, 200	6										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED S					NGE	COMMISSION	OMB Number:	3235-0287		
Check the		Washington, D.C. 20549							January 31,		
if no long subject to Section 1) SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated average burden hours per		
Form 4 o Form 5		suant to Sectior	16(a) of th	o Socurit	ios Er	vohon	x_{2} Act of 1034	response	0.5		
obligation	ns Section 17(•	f 1935 or Sectio	n			
may cont <i>See</i> Instru	inue.	30(h) of the	•	•	- ·						
1(b).											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person *2. Issuer NCONNER KEVIN JSymbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			Sovereign Exploration Associates International, Inc. [SVXA]				(Check all applicable)				
(Last)	(First) (M	Middle) 3. Date	of Earliest Ti	ransaction			X Director		6 Owner		
110 SOUTH STATE			(Month/Day/Year) 06/13/2006			Officer (give title Other (specify below)					
STREET, S		00/15	2000								
			. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
NEWTOWN	N, PA 18940							More than One Re			
(City)	(State)	(Zip) Ta	ble I - Non-E	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, any	Code			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)				
		· · ·					Following Reported	(Instr. 4)	(Instr. 4)		
					(A) or		Transaction(s)				
C			Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	06/13/2006		Р	1,200	А	\$ 792	4,800	D			

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Director	10% Owner	Officer	Other				
CONNER KEVIN J 110 SOUTH STATE STREI SUITE 200 NEWTOWN, PA 18940	ET X							
Signatures								
/s/ Kevin J. Conner	06/13/2006							
**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).

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.