Edgar Filing: LANDSTAR SYSTEM INC - Form 4

LANDSTAL	R SYSTEM INC											
Form 4												
January 31,												
FORM	14 UNITED	STATE	SECHE	ITIFS A	ND FY	сни	NCF (COMMISSION		PPROVAL		
	UNITED	SIAILS		shington,			NGE U	.01v11v1155101v	OMB Number:	3235-0287		
Check th			v v as	, migton,	D.C. 20	547				January 31		
if no lon		AENT O	F CHAN	ANGES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005		
subject to STATEMENT OF CHAN Section 16.				SECURITIES					Estimated average burden hours per			
Form 4 o									response C			
Form 5 obligatio							•	e Act of 1934,				
may con				•	•	· ·	•	1935 or Section	1			
See Instr	ruction	30(n)	of the In	vestment	Compan	iy Ac	at of 194	0				
1(b).												
(Print or Type	Responses)											
1. Name and A	Address of Reporting	Person [*]	2. Issuer	Name and	Ticker or	Tradi	ng	5. Relationship of	Reporting Pers	son(s) to		
Beacom Joseph J Symbol								Issuer				
				STAR SYSTEM INC [LSTR]				(Check all applicable)				
(Last)	(First) (A	Middle)	3. Date of Earliest Transaction				x an applicable)					
			(Month/E	Day/Year)				Director 10% Owner				
13410 SUTTON PARK DRIVE 01/29/20			2014				X_ Officer (give title Other (specify below) below)					
SOUTH								VP	, CSO, COO			
(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check					
			Filed(Mor	nth/Day/Year))			Applicable Line) _X_ Form filed by C	no Poporting Do			
JACKSON	VILLE, FL 32224	1						Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Executio	on Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities	Form: Direct			
(Instr. 3)		any (Month/	Dav/Vear)					•	(D) or Indirect (I)	Beneficial Ownership		
		(Wondia)	Duy/ I cui)	(Insu: 0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(, ,				
Common Stock	01/29/2014			А	1,296	А	\$0	29,700	D			
							¢					
Common Stock	01/29/2014			F	350 (1)	D	\$ 56.76	29,350	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.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Beacom Joseph J 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FL 32224			VP, CSO, COO				
Signatures							
/s/ L. Kevin Stout, 0	1/31/2014						

attorney-in-fact

Date

**Signature of Reporting Person

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) Represents shares withheld to pay tax withholding obligations.

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.