Edgar Filing: BOZZONE ROBERT P - Form 4

BOZZONE F	ROBERT P										
Form 4											
July 05, 2005	5										
FORM	1 4								OMB AF	PROVAL	
	UNITED) STATES		AITIES A hington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long	or								Expires:	January 31,	
subject to	STATE:	MENT O	F CHAN			CIA	LOW	NERSHIP OF	Estimated a	2005 verage	
Section 1				SECUR	ITIES				burden hou	rs per	
Form 4 or Form 5			N	$(\cdot, \cdot) = f(\cdot, \cdot)$. C			- A - + - £ 1024	response	0.5	
obligation	1 0						-	e Act of 1934, 1935 or Sectior			
may conti	inue.			vestment	•	· ·			1		
See Instru 1(b).	iction	50(11)	or the m	vestment	compun	<i>y</i> 110	. 01 17 1	0			
-(-).											
(Print or Type R	Responses)										
		~ *									
1. Name and Address of Reporting Person * 2. Issue BOZZONE ROBERT P Symbol TELED [TDY]				Name and	Ticker or	Tradir	ng	5. Relationship of Reporting Person(s) to Issuer			
				VNE TEC				155001			
				INE IEC	HNOL	JGIE	25 INC	(Check all applicable)			
		AC 111)						V D'	100	0	
(Last)	(First)	(Middle)	3. Date of (Month/D	Earliest Tra	ansaction			X Director Officer (give t		Owner er (specify	
12333 W. O	LYMPIC BLVI	D.	07/01/20	-				below)	below)		
	(Street)				to Original			6 Individual or Io	int/Croup Filin	c (Chaolr	
	(Succi)			ndment, Da (th/Day/Year)	-			6. Individual or Jos Applicable Line)	Invoroup Film	g(Check	
			T Hea(Mon	un Duy i cui)	, 			_X_ Form filed by O			
LOS ANGE	LES, CA 90064	1						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)				~					
(eng)	(blute)	(Eip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3. Transactio	4. Securit			5. Amount of Securities	6. Ownership Form: Direct		
Security (Instr. 3)	(Month/Day/Year	any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Beneficially	(D) or	Beneficial	
· · ·		•	Day/Year)	(Instr. 8)	× ,		,	Owned	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	07/01/2005						\$	720 107 (2)	D (2)		
Stock (1)	07/01/2005			А	274 <u>(1)</u>	A	32.84	730,197 (2)	D (2)		

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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	Date Exercisable and xpiration Date Aonth/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Kelationships			
	Director	10% Owner	Officer	Other
BOZZONE ROBERT P				
12333 W. OLYMPIC BLVD.	Х			
LOS ANGELES, CA 90064				
Signatures				

Relationshine

Robert P. Bozzone by Melanie S. Cibik pursuant to Power of Attorney previously filed with SEC.

**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).
- Represents shares issued to the Reporting Person under the Teledyne Technologies Incorporated 1999 Non-Employee Director Stock (1)Compensation Plan.
- Reporting Person holds 501,252 shares directly and 228,945 shares held indirectly by Robert P. Bozzone Grantor Retained Annuity Trust (2) I. Excludes 34,285 shares held by spouse, beneficial ownership of which has previously been disclaimed by the Reporting Person.

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.

07/05/2005

Date