## Edgar Filing: COLEMAN ROBERT H - Form 4

COLEMAN Form 4	ROBERT H										
July 16, 2007	7										
FORM	4								OMB A	PPROVAL	
	UNITE	) STATES		ITIES A hington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont	6. r Filed pr ns inue.	EMENT O ursuant to S 7(a) of the 30(h)	Expires: January 31, 2005 Estimated average burden hours per response 0.5								
See Instru 1(b).	iction	50(11)	or the m	, estiment	company	, 1100	01 17				
(Print or Type F	Responses)										
	ddress of Reportin ROBERT H	g Person <u>*</u>	Symbol	Name <b>and</b> VA SOLU			g	5. Relationship of Issuer (Chec	Reporting Pers		
(Last)	(First)	(Middle)		Earliest Tra	ansaction			Director 10% Owner Officer (give titleX Other (specify			
175 GHENT ROAD			(Month/Day/Year) 07/12/2007					below) below) President, Decorative Products			
		ndment, Dat th/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
FAIRLAW	N, OH 44333-3	300						Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execution any	med on Date, if Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	07/12/2007			F <u>(1)</u>	1,635	D	\$ 6.17	29,805	D		
Common Stock	07/12/2007			A <u>(2)</u>	14,000	А	\$0	43,805	D		
Common Stock								1,128.499 <u>(3)</u>	Ι	Plan Trust	

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

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#### 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)	<ol> <li>3. Transaction Dat</li> <li>Conversion</li> <li>or Exercise</li> <li>Price of</li> <li>Derivative</li> <li>Security</li> </ol>		/Year)				5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr		
					Code	e V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Reporting Owners															
Descrition	Owner Neme /	/ Addmoor	Relationships												
Reporting	Owner Name	wner Name / Address	Director	10% Owner	Officer	Ot	her								
175 GHEI	COLEMAN ROBERT H .75 GHENT ROAD FAIRLAWN, OH 44333-3300					President, Decorative Products									
Signa	tures														
James C. Coleman	LeMay, Att	torney-in-f	act for I	Robert H.		0'	7/16/200′	7							
<u>Coleman</u> <u>**</u> Signature of Reporting Person					0										
_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 shares of restricted stock withheld to satisfy the executive's tax withholding obligation upon vesting of restricted stock. The (1) deemed disposition of the withheld shares is exempt pursuant to Rule 16b-3(e).
- Granted under the OMNOVA Solutions Inc. Second Amended and Restated 1999 Equity and Performance Incentive Plan pursuant to a (2)Restricted Stock Agreement dated 7/12/07.
- (3) Shares held in the OMNOVA Solutions Retirement Savings Plan as of 7/11/07 per the Plan Administrator's Records.

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.