SCHOEN JOHN W

Form 4

February 14, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

January 31,

Expires:

2005

0.5

response...

5. Relationship of Reporting Person(s) to

Issuer

Estimated average burden hours per

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

SCHOEN IOHN W

1. Name and Address of Reporting Person *

02/12/2007

Common

SCHOEN JOHN W			Symbol	Symbol PC TEL INC [PCTI]					Issuer				
			PC TEL						(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction				,					
8725 W HI	GGINS ROAI	SHITE	(Month/D 02/12/2	•				Director _X_ Officer (giv		Owner er (specify			
400	OGING KOM	5, 5011L	02/12/20	007				below)	below)	``			
(Street) 4. I				I. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
F			Filed(Mor	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
CHICAGO.	, IL 60631							Person	More than One Re	eporting			
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executi any	emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)					
Common	02/12/2007			F(1)	6,810	D	\$ 9.47	123,130	D				
Common	02/12/2007			Z(2)	14,790	D	\$ 0 (2)	108,340	D				
Common	02/12/2007			Z ⁽²⁾	64,757	D	\$ 0 (2)	0	I	Denise F. Schoen Living Trust			

 $Z^{(2)}$

\$0

(2)

64,757 A

64,757

I

John W.

Schoen III Living

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Common 02/12/2007 $Z_{\underline{(2)}}^{(2)} = 14,790 \text{ A} \quad \begin{array}{c} \$ \text{ 0} \\ \underline{(2)} \end{array} \quad 79,547 \qquad \text{I} \qquad \begin{array}{c} \text{Trust} \\ \text{Schoen III} \\ \text{Living} \\ \text{Trust} \end{array}$

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.

SEC 1474

(9-02)

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	, ,	Date Exercisable	Expiration Date	or Title Nu of	ımber		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SCHOEN JOHN W 8725 W. HIGGINS ROAD SUITE 400 CHICAGO, IL 60631

COO & CFO

Signatures

Les Sgnilek 02/14/2007

**Signature of 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).

Reporting Owners 2

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- (1) Witholding of stock to satisfy statutory tax withholding obligations
- (2) Transfer of shares to John W. Schoen III Living Trust

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.