

Edgar Filing: ACTIVISION INC /NY - Form 4

ACTIVISION INC /NY  
 Form 4  
 November 13, 2002

FORM 4

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

[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

(Print or Type Responses)

|   |  |  |
|---|--|--|
| 1. Name and Address of Reporting Person*          | 2. Issuer Name and Ticker or Trading Symbol                                | 6.   |
| Morgado Robert J.                                 | Activision, Inc. (ATVI)  |  |
| (Last) (First) (Middle)                           |  | <u>X</u>   |
| c/o Activision, Inc.<br>3100 Ocean Park Boulevard | 3. IRS Identification Number of Reporting Person, if an entity (voluntary) | 4. Statement for Month/Day/Year<br>November 12, 2002 |
| (Street)  |  | 5. If Amendment, Date of Original (Month/Day/Year)   |
| Santa Monica CA 90405                             |  | 7. <u>X</u>  |
| (City) (State) (Zip)                              |  |  |

Table I - Non-Derivative Securities Acquired, Disposed

| 1. Title of Security (Instr.3)               | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount or Price | 5. Amount or Price |
|--|--------------------------------------|--|--------------------------------|---|--------------------|--------------------|
| Common Stock, par value \$ .000001 per share | 11/12/02                             |  | P                              | 3,000 A   | \$20.00            | 3                  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly by you or your immediate family member.  
 \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Persons who respond to the collection of information in this form are not required to respond unless the form has a currently valid OMB Number