## Edgar Filing: Fraioli Edward - Form 4

Fraioli Edw	ard											
Form 4												
January 03,	2013											
FORM	Λ4			~						OMB A	PPROVA	۱L
	UNITED	STATES		RITIES A shington			GE CO	OMMISSIC	)N	OMB Number:	3235-	-0287
Check the	ger									Expires:	Januar	
if no longer subject to Section 16. STATEMENT OF CHANGES IN B SECURI										Estimated average burden hours per		2005
	Form 4 or									response		0.5
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17(	(a) of the l	Public U		ding Co	mpany A	Act of	Act of 1934 1935 or Sect )				
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Fraioli Edward			2. Issuer Name <b>and</b> Ticker or Trading Symbol				1	5. Relationship of Reporting Person(s) to Issuer				
				TIER CO [FTR]	NS	(Check all applicable)						
(Last)	(First) (	Middle)	3. Date of Earliest Transaction				_X_Director10% Owner					
3 HIGH RIDGE PARK			(Month/Day/Year) 12/31/2012			i	Officer (give title     Other (specify below)					
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line)					
STAMFOR	RD, CT 06905							_X_ Form filed I Form filed b Person		ne Reporting Pore than One R		
(City)	(State)	(Zip)	Tak	la I Nam I	Daui:	• <b>C</b> • • • • • • • •		ired, Disposed	J . £	an Dan affaia	U O	
							-	· -			•	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deem Execution		3. Transactio	4. Securi			Amount of curities		Ownership orm: Direct	7. Nature Indirect	of
(Instr. 3)	(iviolitiis Duy) Tour)	any	Dute, II	Code	Disposed of (D)			Beneficially		) or Indirect		
		(Month/Day/Year)		(Instr. 8)	(Instr. 3, 4 and 5)		Fol	Owned (I Following (I	(I) (Ir	) nstr. 4)	Ownership (Instr. 4)	-
						(A)		ported ansaction(s)				
				Code V	Amount	or (D) Pri	(In	str. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities bene	ficially ov	vned direct	tly or in	directly.				
	·				Pers infor requ	ons who mation co ired to res ays a cur	respor ontaine spond	nd to the coll ed in this for unless the f valid OMB c	rm a form	re not	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed of (Instr. 3, 4, a 5)	(D)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units	<u>(1)</u>	12/31/2012		A <u>(2)</u>		885.53		(1)	<u>(1)</u>	Common Stock	885.53
Phantom Stock Units	(1)	01/02/2013		A <u>(3)</u>		5,053.91		<u>(1)</u>	<u>(1)</u>	Common Stock	5,053.91

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
Fraioli Edward 3 HIGH RIDGE PARK STAMFORD, CT 06905	Х				
Signatures					
/s/ David G. Schwartz, under P Attorney	ower of		01/03/	2013	
**Signature of Reporting Pers	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).
- (1) Phantom stock units convert one-for-one into shares of common stock or cash equivalent, at the election of the Reporting Person, upon the Reporting Person's termination of service as a director of the Company.
- (2) Acquired pursuant to a dividend reinvestment feature of the Non-Employee Directors' Equity Incentive Plan.
- (3) Quarterly payment of portion of annual retainer paid in the form of phantom stock units.

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.