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CTS CORP

Form 4								
Check this box if no longer subject to Section 16. SECURITIES SECURITIES Number: Number: Expires: January 3 200 Estimated average burden hours per								3235-0287 January 31, 2005 werage
(Print or Type]	Responses)							
KROLL THOMAS A Symbo			er Name and Ticker ORP [CTS]	g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N	Aiddle) 3. Date	3. Date of Earliest Transaction			(Chec.	к ап аррпсавіе	;)
905 WEST	BLVD. NORTH	onth/Day/Year)			Director 10% Owner Officer (give title Other (specify below) V.P. and Controller			
			mendment, Date Original Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
ELKHART, IN 46514 Form filed by More than One Reporting Person								
(City)	(State)	(Zip) Tal	ole I - Non-Derivati	ve Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction(A) or Code (Instr.	3, 4 and 5 (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	06/08/2007		F 359	Л	\$ 12.12	23,265	D	
Common Stock	06/09/2007		F 359	D	\$ 12.12	22,906	D	
Common Stock						3,690 <u>(1)</u>	Ι	By 401(k) Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	2. Conversion or Exercise Price of Derivative Security	se	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio 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 Secu Bene Owna Follo Repo Trans (Instr	
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KROLL THOMAS A 905 WEST BLVD. NORTH ELKHART, IN 46514			V.P. and Controller					
Signatures								
Bridget K. Quinn, Attorney-in-fact		06/12/2007						
**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).

(1) Reflects on-going acquisitions under 401(k) Plan.

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.