Edgar Filing: Olli Amy Fliegelman - Form 4

Olli Amy Fli	egelman											
Form 4												
May 23, 201	1											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	OMB APPROVAL		
	• • UNITE	D STATE					NGE C	COMMISSION	OMB	3235-0287		
Check thi	s box		vvas	shington,	D.C. 20	549			Number:	January 31,		
if no long	ar	EMENT O	е снам	CES IN I	PENIFFI	CIA		NEDSHID OF	Expires:	2005		
subject to			T CHAN	NGES IN BENEFICIAL OWNERSHIP (SECURITIES					Estimated average			
Form 4 or	Section 16. Form 4 or			SECON	11125				burden hours per response 0.5			
Form 5		oursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	16300136	0.0		
obligation	¹⁸ Section 1						-	1935 or Section	n			
may cont <i>See</i> Instru	inue.			vestment	•	- ·						
1(b).												
(Print or Type F	Responses)											
1 Name and A	ddrass of Daparti	ng Darson *	0 T		T . 1			5 Deletionship of	Deporting Dars	on(a) to		
				er Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer					
	regennun		Symbol CA, IN									
A					_			(Check	k all applicable)		
(Last)	(First)	(Middle)		3. Date of Earliest Transaction				Director	100/	Owner		
			onth/Day/Year) /19/2011			Director 10% Owner X Officer (give title Other (specify						
			03/17/2	011				below)	below)	1		
									d General Coun			
			Amendment, Date Original			6. Individual or Joint/Group Filing(Check						
			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
ISLANDIA,	NY 11749							Form filed by M				
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	2. Transaction Date 2A. Deemed			4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea	on Date, if	· · · · · · · · · · · · · · · · · · ·				Securities	Form: Direct				
(Instr. 3)		any (Month)	/Day/Year)	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				<i>.</i>	(D) or Beneficia Indirect (I) Ownersh	Beneficial Ownership		
		(Wolding	Duy/ I cui)	(1130.0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
a				Code V	Amount	(D)	Price	(msu. 5 and +)				
Common	05/10/0011			Б	0.657	D	\$	156.040	D			
Stock, \$.10 par value	05/19/2011			F	3,657	D	23.03	156,049	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	tle and unt of rrlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships				
	Director	10% Owner	Officer	Other			
Olli Amy Fliegelman ONE CA PLAZA ISLANDIA, NY 11749			EVP and General Counsel				
Signatures							
/s/ Amy Fliegelman Olli by Br attorney-in-fact	andt Schn	05/23/2011					
<u>**</u> Signature of Rep	orting Person	L	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).

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.