Edgar Filing: Fraser Christopher T. - Form 4

| Fraser Christo | opner 1. | | | | | | | | | | | |
|---|---|--------------------|---------------------------------|--|-------------|-------|-----------------|--|------------------------|------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| September 02 | , 2009 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | r | OMB APPROVAL | | | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | | | |
| Check this | | | ••• u 51 | ing ton, i | | | | | | January 31 | | |
| if no longe subject to | if no longer subject to STATEMENT OF CHANG | | | | ENEFI | CIAI | LOW | NERSHIP OF | Expires: | 200 | | |
| Section 16 |). | SECURITIES | | | | | | Estimated a burden hou | | | | |
| Form 4 or | | | | | | | | | response 0.5 | | | |
| Form 5 | Filed purs | suant to Sect | tion 16 | (a) of the | Securiti | es Ex | chang | ge Act of 1934, | | | | |
| obligation may contin | | | | • | • | • • | | f 1935 or Sectio | n | | | |
| See Instruc | | 30(h) of t | the Inv | vestment (| Company | y Act | of 19 | 40 | | | | |
| 1(b). | | | | | | | | | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of F | | | | | | | f Reporting Per | son(s) to | | | | |
| Fraser Christopher T. Symbol | | | | | | | | Issuer | | | | |
| | | KN | MG CH | HEMICA | LS INC | [KM | GB] | (Chec | ck all applicable |) | | |
| (Last) | (First) (N | Iiddle) 3. J | 3. Date of Earliest Transaction | | | | | (Chee | .k an appliedok | -) | | |
| | | | lonth/Da | h/Day/Year) | | | | X_ Director | | Owner | | |
| | | | 08/31/2009 | | | | | Officer (give title Other (specify below) | | | | |
| | | | If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| | | | ed(Month/Day/Year) | | | | | Applicable Line) | | | | |
| | | | | | | | | _X_Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| FT WORTH, | , TX 76107 | | | | | | | Person | | porting | | |
| (City) | (State) (| (Zip) | Table | I - Non-De | erivative S | ecuri | ties Aco | quired, Disposed of | f, or Beneficial | lly Owned | | |
| 1.Title of | 2. Transaction Date | | | 3. 4. Securities | | | | 5. Amount of | 6. Ownership | | | |
| Security | (Month/Day/Year) | Execution D | | | | | | | Form: Direct | Indirect Beneficial | | |
| (Instr. 3) | | any (Month/Day) | (Year) | CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | | | | Beneficially Owned | (D) or Indirect (I) | Ownership | | |
| | | , J | , | . , | × / | | | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported Transaction(s) | | | | |
| | | | | | | or | | (Instr. 3 and 4) | | | | |
| Common | | | | Code V | Amount | (D) | Price | | | | | |
| Common Stock | 08/31/2009 | | | А | 1,250 | А | \$ 9.9 | 6,077 | 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | 5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 5 | | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|---|-----|---------------------|--------------------|----------------|--|---|--|
| | | | Code V | / (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| Fraser Christopher T. 3700 HULEN STREET FT WORTH, TX 76107 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Roger C Jackson POA from Christopher TFraser09/02/2009 | | | | | | | | |
| **Signature of Reporting Per | | 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.