CORNOG ROBERT A

Form 4 January 05, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

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obligations may continue. See Instruction

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(b).

1. Name and Address of Reporting Person * CORNOG ROBERT A		Person * 2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer		
· ·		ON CON	TROLS INC [JC	I] (Ch	(Check all applicable)			
(Last)	(First) (N	Middle) 3. Date of	Earliest Tr	ansaction				
(Month/D			ay/Year)		_X_ Director		% Owner	
5757 N. GREEN BAY AVE., P.O. BOX 591		, P.O. 12/31/20	12/31/2004			Officer (give title Other (specifield) below)		
	(Street) 4. If Amer		ndment, Da	te Original	6. Individual or	6. Individual or Joint/Group Filing(Check		
MILWAUK	EE, WI 53201-0:	`	ith/Day/Year)	Applicable Line) _X_ Form filed b	•	erson	
(City)	(State)	(Zip) Tabl	e I - Non-D	erivative Securities	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		3. Transactic Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Pr	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock					9,511	D		

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number conf Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units / Directors' Deferred Compensation Plan	<u>(1)</u>	12/31/2004	01/04/2005	A	47.29	<u>(2)</u>	<u>(2)</u>	Common Stock	47.29
Phantom Stock Units / Directors Retirement Stock Plan	(1)					<u>(4)</u>	<u>(4)</u>	Common Stock	9,618.65

Reporting Owners

Director 10% Owner Officer Other CORNOG ROBERT A 5757 N. GREEN BAY AVE.	Reporting Owner Name / Address	Relationships				
5757 N. GREEN BAY AVE.	reporting 6 water runner runners	Director	10% Owner	Officer	Other	
P.O. BOX 591 MILWAUKEE, WI 53201-0591	5757 N. GREEN BAY AVE. P.O. BOX 591	X				

Signatures

Arlene D. Gumm Attorney-In-Fact for Robert A.
Cornog
01/05/2005

**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) The phantom stock units convert to the common stock's cash value on a one-for-one basis.
- (2) The phantom stock units were accrued under the Johnson Controls Deferred Compensation Plan and are to be settled 100% in cash upon the reporting person's retirement.
- (3) Includes 75.70 phantom stock units acquired through the reinvestment of dividends on January 3, 2005 at a price of \$62.79 per phantom unit.
- (4) The phantom stock units were accrued under the Johnson Controls Directors' Retirement Plan and are to be settled 100% in cash upon the reporting person's retirement.

Reporting Owners 2

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(5) Includes 38.15 phantom stock units acquired through the reinvestment of dividends on January 3, 2005 at a price of \$62.79 per phantom unit

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.