Edgar Filing: ROTH THEODORE D - Form 4

ROTH THE	ODORE D												
Form 4													
December 1	5,2006												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										APPROVAL			
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287			
Check th	nis box		vv a	siniigi	011,	D.C. 20	349				January 31,		
if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									Expires:	2005			
-	subject to Section 16. SECURITIES								Estimated a				
	Form 4 or									burden hou response	0.5		
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,												
obligatio may con		17(a) of the	Public U	tility H	Iold	ling Con	npany	y Act of	1935 or Section	n			
See Instr		30(h)) of the In	vestm	ent	Compan	y Ac	t of 194	0				
1(b).													
(Print or Type	Responses)												
(Thit of Type	(Caponses)												
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of						Reporting Pers	Reporting Person(s) to						
ROTH THEODORE D Symbol				Thanke and Treker of Training					Issuer				
			-	d Realty Trust Inc [BMR]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earlies	t Tr	ansaction			(Cnec	k all applicable	;)		
			(Month/E						_X_ Director10% Owner				
C/O 17140 BERNARDO CENTER 12/13/2				2006					Officer (give title Other (specify below)				
DRIVE, SU	JITE 222								below)	below)			
(Street) 4. If Ame				endment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mor				nth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
								bre than One Reporting					
SAN DILO	0, CA 92128								Person				
(City)	(State)	(Zip)	Tabl	e I - No	n-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	med	3.		4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Ye		on Date, if Transaction(A) or Disposed of (Securities	Ownership	Indirect		
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				5)	J	Form: Direct (D) or	Beneficial Ownership		
		(Internal)	2043, 1041)	(mour	0)				Following	Indirect (I)	(Instr. 4)		
							(A)		Reported	(Instr. 4)			
							or		Transaction(s) (Instr. 3 and 4)				
Common				Code	V	Amount	(D)	Price	(,				
Common Stock	12/13/2006			G	V	500	D	\$0	8,000	D			
								¢.					
Common	12/13/2006			S		1,000	D	\$	7,000	D			
Stock								29.28					

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.

Edgar Filing: ROTH THEODORE D - Form 4

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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						
1 8	Director	10% Owner	Officer	Other				
ROTH THEODORE D C/O 17140 BERNARDO CENTER DRIVE SUITE 222 SAN DIEGO, CA 92128	e x							
Signatures								
Gary A. Kreitzer, Attorney-in-Fact	/15/2006							
**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).

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.