Edgar Filing: Cunningham Michael - Form 4/A

Cunningham	Michael										
Form 4/A											
March 19, 20	09										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNIT	NITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average	
Section 16	.	SECURITIES							burden hours per		
Form 4 or									response	•	
Form 5 obligation	C	^						ge Act of 1934,			
may conti				•	•	· ·		of 1935 or Sectio	n		
See Instru 1(b).	ction	30(h)	of the Inv	vestment	Compan	y Act	of 19	40			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trad Cunningham Michael Symbol RED HAT INC [RHT]				Fradin	g	5. Relationship of Reporting Person(s) to Issuer					
				IAT INC [RHT]				(Check all applicable)			
(Last)	(First)						k all applicable	5)			
(Month/D				Day/Year)				Director 10% Owner			
C/O RED HAT, INC., 1801 04/29/2				.008				XOfficer (give titleOther (specify below) below)			
VARSITY D	RIVE							EVP,	General Couns	el	
(Street) 4. If A			4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mor				onth/Day/Year)				Applicable Line)			
06/04/20								_X_Form filed by One Reporting Person Form filed by More than One Reporting			
RALEIGH, 1	NC 27606							Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction							6. Ownership			
Security	(Month/Day/Y		on Date, if TransactionAcquired (A) or Code Disposed of (D)					Securities		Indirect	
(Instr. 3)		any (Month)	/Day/Year)	Code (Instr. 8)	(Instr. 3,			Beneficially Owned		Beneficial Ownership	
(1)							Following (1		(Instr. 4) (Instr. 4)		
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V		(D)	Price	(insur 5 und 1)			
Common Stock	04/29/2008			A <u>(1)</u>	8,750 (2)	А	\$0	74,792	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. Transactio Code (Instr. 8)	5. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Cunningham Michael C/O RED HAT, INC. 1801 VARSITY DRIVE RALEIGH, NC 27606			EVP, General Counsel				
Signatures							
/s/ Kimberly Yule, Atty in fact UPOA		03/19/2009					
<u>**</u> Signature of Reporting Person		Date					
Explanation of Pooponooo							

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) Represents the number of performance shares earned by the reporting person in connection with the first performance period under the Performance Share Unit Agreement between the reporting person and the Company dated October 16, 2007.
- (2) The performance shares earned by the reporting person were over reported by 200 shares as a result of a typographical error. The corrected amount appears above.

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.