Edgar Filing: HERBERT JAMES L - Form 4

| HERBERT Form 4 | JAMES L | | | | | | | | | | |
|--|---|------------|--|--|-----------------------|--|-------------|---|--|---|--|
| June 07, 200 | | | | | | | | | OMB AF | PPROVAL | |
| FORM | UNITED | STATES | | | AND EXC , D.C. 205 | | IGE CO | OMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | F CHAN | IGES IN SECUI | ERSHIP OF | Expires: January 20 Estimated average burden hours per response | | | | | |
| Form 5 obligation may con <i>See</i> Instr 1(b). | tinue. Section 17 | (a) of the | Public U | tility Hol | | pany | Act of 2 | Act of 1934, 1935 or Section) | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> HERBERT JAMES L | | | 8 | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Check | | | | | | k all applicable) | | |
| NEOGEN (PLACE | CORP, 620 LESI | IER | (Month/I 06/07/2 | Day/Year) 2006 | | | - | _X_ Director _X_ Officer (give below) Pres | | Owner er (specify | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | <u>.</u> | 6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person | | | |
| LANSING, | MI 48912 | | | | | | ī | Form filed by M Person | ore than One Re | porting | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative S | ecurit | ies Acqu | ired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | n Date, if | 3. 4. Securities Acquired (Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | |)) | (A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| G | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 06/07/2006 | | | М | 100,000 | А | \$ 10.27 | 541,858 | D | | |
| Common Stock | 06/07/2006 | | | S | 100,000 | D | \$ 20 | 441,858 | 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.

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 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. Transactic Code (Instr. 8) | 5. Number of orDerivative 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 Number Shares |
| Common Stock Options | \$ 10.27 | 06/07/2006 | | Х | | 100,000 | 09/11/2003 | 09/11/2012 | Common Stock | 100,00 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| HERBERT JAMES L NEOGEN CORP 620 LESHER PLACE LANSING, MI 48912 | Х | | President & CEO | | | | | |
| Signatures | | | | | | | | |
| Richard R. Current POA | 06/07/200 | 6 | | | | | | |

**Signature of Reporting Date Person

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.