Edgar Filing: CA, INC. - Form 4

CA, INC.											
Form 4											
October 03,	2006										
FORM	Λ4								PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0287		
Check this box								Expires:	January 31,		
					BENEF RITIES	ICIAL OV	Estimated burden hou	Expires: 2005 Estimated average burden hours per			
Form 4 orresponseForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionSee Instruction30(h) of the Investment Company Act of 1940									. 0.5		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> MCCRACKEN WILLIAM E			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
	CA, IN	C. [CA]			(Check all applicable)						
(Last) (First) (Middle) ONE CA PLAZA			3. Date of Earliest Transaction (Month/Day/Year) 09/29/2006			XDirector10% Owner Officer (give titleOther (specify					
(Street) 4. If Amendment, Date Filed(Month/Day/Year)							below) below)				
			-	Applicable Line)			int/Group Filing(Check One Reporting Person				
ISLANDIA	A, NY 11749							More than One R			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution E any (Month/Day	Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	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)		
Demin 1 D		f	6	Code V		(D) Price					
Keminder: Re	port on a separate line	e for each clas	ss of seci	urifies benef	Perso inforn requir	ns who res nation cont ed to resp	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or		

	Derivative Security				Disposed of (D) (Instr. 3, 4, and 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Units (1)	(2)	09/29/2006	А		923.3854		<u>(1)</u>	<u>(1)</u>	Common Stock, \$.10 par value	923.3854

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCCRACKEN WILLIAM E							
ONE CA PLAZA	Х						
ISLANDIA, NY 11749							
Signatures							

/s/ Lawrence Egan, by power of attorney

**Signature of Reporting Person

10/03/2006 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) Issued under the 2003 Compensation Plan for Non-Employee Directors and to be settled by issuance of shares of Common Stock either in a lump sum or in installments following termination of service as a director.
- (2) Deferred Stock Units are convertible into Common Stock on a one-for-one basis.
- (3) Under the 2003 Compensation Plan for Non-Employee Directors, the director fees are paid quarterly in Deferred Stock Units except that a director may elect annually to receive up to 50% of the next Plan Year's fees in cash.

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.