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ARRINGT Form 4 May 11, 20	ON JOHN R 06											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB A OMB Number: Expires:	APPROVAL 3235-0287 January 31, 2005			
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHA Filed pursuant to Section Section 17(a) of the Public 30(h) of the					ft Ho	RITIES the Secur olding Co	rities	Exchange my Act of	Estimated average burden hours per response e Act of 1934, 1935 or Section			
(Print or Type	Responses)											
ARRINGTON JOHN R Symb						nd Ticker		ding	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date (Month				NES GROUP INC [B] e of Earliest Transaction h/Day/Year) D/2006					(Check all applicable) <u>X</u> Director (give title <u>10%</u> Owner (give title <u>000</u> Other (specify below) Sr. VP, Human Resources			
				mendment, Date Original Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tal	ble I - No	o n -	-Derivativ	e Sec	urities Acqu	uired, Disposed of	, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	Code (Instr. 8	3)	4. Securi nor Dispos (Instr. 3, Amount	sed of		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	05/10/2006			S	·	600	D	\$ 45.9867	76,477.4215 (1)	D		
Common Stock									1.0642	I	By Company's Employee Stock Purchase Plan	
Common Stock									3,126.777	Ι	By Company's 401(k) Plan	

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	•		Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting o when reality readers	Director	10% Owner	Officer	Other				
ARRINGTON JOHN R BARNES GROUP INC. 123 MAIN STREET BRISTOL, CT 06011-0489			Sr. VP, Human Resources					
Signatures								
Signe S. Gates, pursuant to a Poor of Atty	ower	05/	/12/2006					

**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).

Includes a balance of 10,000 Restricted Stock Units granted 2/12/03, 11,000 granted 4/14/04, 6,000 Restricted Stock Units and a balance
 of 4,000 Performance Share Awards granted 2/16/05 and 5,000 Restricted Stock Units and 2,400 Performance Share Awards granted 2/15/06 that are subject to forteiture if certain events occur.

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.