BURRIS JERRY W

Form 4 May 12, 2011

FORM 4

OMB APPROVAL

| UNITED STATES SECURITIES AND EXCHANGE COMMISSION |
|--|
| Washington, D.C. 20549 |

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per 0.5 response...

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| BARNES GROUP INC., 123 MAIN 05/10/2011 STREET X Officer (give title Other (special below) Oth | 1. Name and Address of Reporting Person * BURRIS JERRY W | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|--|-----------|----------|--|---|--|--|--|
| BARNES GROUP INC., 123 MAIN 05/10/2011 STREET (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) Filed(Month/Day/Year) Applicable Line) _X Officer (give title Other (special below) VP-BGI; President, PC 6. Individual or Joint/Group Filing(Check product) Applicable Line) _X Form filed by One Reporting Person Form filed by More than One Reporting | (Last) | (First) | (Middle) | | (Check all applicable) | | | |
| (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting | | OUP INC., | 123 MAIN | (Month/Day/Year) | X Officer (give title Delow) Other (specify below) | | | |
| BRISTOL CT 06010 — Form filed by More than One Reporting | | (Street) | | , C | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| (Circl) (Circl) | ŕ | | | | Form filed by More than One Reporting | | | |

| (State) | (Zip) Tal | ble I - Non | -Derivativ | e Secu | ırities Acqui | red, Disposed of | , or Beneficia | ally Owned |
|---|---|--|--------------------------------------|--------------------------------------|---|---|--|--|
| 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | Oper Dispos (Instr. 3, 4 | ed of (4 and 3 (A) or | (D) (5) | 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) |
| 05/10/2011 | | M M | Amount 14,234 | (D) | \$ 11.45 | 99,569 (1) | D | |
| 05/10/2011 | | S | 8,955 | D | \$ 25.7087 | 90,614 (1) | D | |
| | | | | | | 159.4363 | I | By Company's Employee Stock Purchase Plan |
| | 2. Transaction Date (Month/Day/Year) 05/10/2011 | 2. Transaction Date (Month/Day/Year) 2. Transaction Date (A. Deemed Execution Date, if any (Month/Day/Year) 05/10/2011 | 2. Transaction Date (Month/Day/Year) | 2. Transaction Date (Month/Day/Year) | 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A) or Code V Amount (D) (D) (D5/10/2011) M 14,234 A | 2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3, 4 and 5) Code V Amount (D) Price M 14,234 A \$11.45 | 2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (Instr. 8) (A) (Instr. 3 and 4) (Instr. 3 and | 2. Transaction Date (Month/Day/Year) 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount of any (Month/Day/Year) Code (Instr. 3, 4 and 5) Beneficially Form: Owned Direct (D) Following or Indirect Reported (Instr. 3 and 4) (Instr. 4) (Instr. 3) (Instr. 4) (Instr. 3) (Instr. 4) (Instr. 3) (Instr. 4) (Ins |

3,842.697

Common Stock

By Company's 401(k) Plan

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.

SEC 1474 (9-02)

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. Transaction Code (Instr. 8) | 5. Number of or Derivative 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 Underlying Securitie (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|---|--|--|--------------------|---|---------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amour or Number of Sha |
| Stock Option-Right to Buy | \$ 11.45 | 05/10/2011 | | M | 14,234 | (2) | 02/10/2019 | Common Stock | 14,23 |

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

BURRIS JERRY W BARNES GROUP INC. 123 MAIN STREET BRISTOL, CT 06010

VP-BGI; President, PC

Signatures

Monique B. Marchetti, pursuant to a Power of Attorney

05/12/2011

**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).
- (1) Includes balances of 1998 Restricted Stock Units granted 2/14/07, 10700 granted 2/10/09, 21800 granted 2/10/09, 11854 granted 2/8/10, 5600 granted 2/9/11 and 5600 Performance Share Awards granted 2/9/11, that are subject to forfeiture if certain events occur.

Reporting Owners 2

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- (2) The options vest at a rate of 33.334% on the 18th month and 33.333% on the 30th and 42nd months from 2/10/2009.
- (3) 1 for 1

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.