NELSON GREGORY M

Form 4

December 10, 2008

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

OMB 3235-0287

OMB APPROVAL

Number:

January 31, 2005

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per

Expires:

response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 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

SECURITIES

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * NELSON GREGORY M			2. Issuer Name and Ticker or Trading Symbol PULTE HOMES INC/MI/ [PHM]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction	(Circ	ск ан аррисавк	0		
100 BLOOMFIELD HILLS PKY., SUITE 300			(Month/Day/Year) 12/09/2008			Director 10% Owner X Officer (give title Other (specification) below) Vice President				
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
BLOOMFIELD HILLS, MI 48304			Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Securities Acq	uired, Disposed o	of, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Natur		
Security	(Month/Day/Ye	ar) Execution	on Date, if	Transactio	on(A) or Disposed of	Securities	Form: Direct	Indirect		

(Chij)	(511110)	Table	: 1 - Non-De	erivative So	ecuriti	es Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	Execution Date, if		4. Securiti		•	5. Amount of Securities	6. Ownership Form: Direct	Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(D) (Instr. 3, 4	and 5)	Beneficially Owned Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	12/09/2008		A	14,000	A	\$0	109,120	D	
Units							60.05 (1)	I	By 401(k) Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transaction 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 Underlying Securition (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy)	\$ 11.355	12/09/2008		A	21,000	12/09/2010(2)	12/09/2018	Common Stock	21,0

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

NELSON GREGORY M 100 BLOOMFIELD HILLS PKY. SUITE 300 BLOOMFIELD HILLS, MI 48304

Vice President

Signatures

/s/Gregory M. 12/10/2008 Nelson

**Signature of Date
Reporting 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).
- Represents units of the Pulte Homes, Inc. Stock Fund (the Fund) of the Pulte Homes, Inc. 401(k) Plan. The Fund consists of cash and
- (1) Common Stock in amounts that vary from time to time. The reporting person's units represent 127.317 shares of Pulte Homes, Inc. Common Stock held in the Fund as of 11/30/2008.
- (2) These options will vest 50% on 12/9/2010 and 25% on 12/9/2011 and 12/9/2012.

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.

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