## Edgar Filing: IURLANO MONICA L - Form 4

IURLANO N	MONICA L										
Form 4											
March 17, 20	005										
FORM						OMB APPROVAL					
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287	
Check the									Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				NERSHIP OF	•	2005 average	
Section 16.				SECU	RITIES			Estimated average burden hours per			
Form 4 o	r								response 0.		
Form 5	Filed pu	rsuant to S	Section 1	6(a) of the	ne Secur	ities E	xchang	e Act of 1934,			
obligation may cont				•	•	· ·		f 1935 or Section	n		
See Instru 1(b).		30(h)	of the In	vestmen	t Compa	ny Ac	t of 194	10			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person *       2. Issuer         IURLANO MONICA L       Symbol				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
IUKLANU	MONICAL		Symbol					155001			
BAKER				R MICHAEL CORP [BKR]				(Chec	k all applicable	)	
(Last) (First) (Middle) 3. Date of				of Earliest Transaction							
100 AIRSIDE DRIVE(Month/D 03/15/20			/Day/Year)				Director	Owner			
			03/15/2	5/2005				_X_ Officer (give title Other (specify below)			
								· · · · · · · · · · · · · · · · · · ·	ef Resources Of	fficer	
	(Street)		4. If Ame	ndment, D	ate Origir	al		6. Individual or Jo	int/Group Filin	g(Check	
			onth/Day/Year)				Applicable Line)				
				. ,				_X_ Form filed by One Reporting Person			
MOON TO	WNSHIP, PA 15	108						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-	Derivativ	e Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat			3.	4. Secu		•	5. Amount of	6. Ownership		
Security	(Month/Day/Year)		n Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Form: Direct		
(Instr. 3)		•	any (Month/Day/Year)			, 4 and	3)	•	(D) or Indirect (I)	Beneficial Ownership	
		(intention	Juj/ I cui)	(Instr. 8)					(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						(A) or		Transaction(s)			
				Code V	Amoun		Price	(Instr. 3 and 4)			
Common Stock	03/15/2005			J <u>(1)</u>	928	A	\$ 19.77	928	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.

 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. Transac Code (Instr. 8	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code Y	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Addres</b>	is	Relationships						
	Director	10% Owner	Officer	Other				
IURLANO MONICA L 100 AIRSIDE DRIVE MOON TOWNSHIP, PA 1510	08		EVP, Chief Resources Officer					
Signatures								
/s/ Monica L. 0 Iurlano	3/15/2005							

<u>\*\*</u>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) Award of stock pursuant to Baker 2003 Long Term Incentive Compensation Plan in transaction exempt under Rule 16b-3.

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.