## Edgar Filing: CHASE CORP - Form 4

CHASE CORP	•									
Form 4										
April 03, 2008										
FORM	4	TATES SECURI	TIEC AN	DEVC			OMMICCION		PROVAL	
	- UNITED SI		ington, D			rE C	OMMU15510N	OMB Number:	3235-0287	
Check this b	oox	vv asii	ington, D	.C. 205	49				January 31,	
if no longer	STATEME	NT OF CHANG	ES IN BENEFICIAL OWNERSHI				ERSHIP OF	Expires:	2005	
subject to Section 16.		ECURITIES				Estimated average burden hours per				
Form 4 or		5E								
Form 5	Filed pursu	ant to Section 16(	a) of the S	Securitie	es Exch	ange	Act of 1934,	response	0.5	
obligations may continu	Section $17(a)$	of the Public Util				-		ı		
See Instructi		30(h) of the Inve	estment Co	ompany	Act of	1940	0			
1(b).										
	,									
(Print or Type Res	ponses)									
1 Name and Add	ress of Deporting De			1 7			5 Delationship of	Deporting Dere	on(s) to	
CULAGE DETED D			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
0111021212		Symbol CHASE (		ΓFI						
				-			(Checl	k all applicable	)	
(Last)	(First) (Mid	/		saction			_X_ Director	_X_ 10%	Owner	
26 SUMMER	STREET	(Month/Day 04/01/200					X Officer (give		r (specify	
20 5 0 1 11 1210	DIILLI	04/01/200	0				below)	below) man and CEO		
			endment, Date Original				6. Individual or Joint/Group Filing(Check			
		Filed(Month	/Day/Year)				Applicable Line) _X_ Form filed by O	one Reporting Per	rson	
BRIDGEWAT	TER, MA 02324						Form filed by M			
							Person			
(City)	(State) (Zi	ip) <b>Table</b>	I - Non-Deri	ivative Se	ecurities	Acqu	iired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Secur	rities		5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	<ul> <li>TransactionAcquired (A) or</li> <li>Code Disposed of (D)</li> <li>(Instr. 8) (Instr. 3, 4 and 5)</li> </ul>				Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Year)					Beneficially Owned	Form: Direct Benefit (D) or Owner	Beneficial Ownership	
		(Wolding Duy) (Cur)	(111501.0)	(Instr. 5	, rund 5	)	Following	Indirect (I)	(Instr. 4)	
					(A)		Reported	(Instr. 4)		
					or		Transaction(s) (Instr. 3 and 4)			
CI			Code V	Amount	t (D)	Price	(mou. 5 and +)			
Chase										
Corporation Common	04/01/2008		G	200	D	\$0	1,216,268	D		
Stock										

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.

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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. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
i o	Director	10% Owner	Officer	Other			
CHASE PETER R 26 SUMMER STREET BRIDGEWATER, MA 02324	Х	Х	Chairman and CEO				
Signatures							
Paula Myers by power of attorney	(	)4/02/2008					
**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).

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.