Edgar Filing: PERINI CORP - Form 4

| PERINI CO | RP | | | | | | | | |
|-------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|-----------------------------|------------------------------------------------------|-----------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|
| Form 4 | | | | | | | | | |
| December 2 | 2, 2005 | | | | | | | | |
| FORM | ΛΔ | | | | | | | OMB AP | PROVAL |
| | UNITED | STATES SECU W | | AND EXCH 1, D.C. 2054 | | GE CO | MMISSION | OMB Number: | 3235-0287 |
| Check the if no lor subject Section Form 4 | nger STATEN 16. | AENT OF CHA | | I BENEFIC RITIES | IAL | OWNE | CRSHIP OF | Expires: Estimated a burden hour response | • |
| Form 5 obligation may con <i>See</i> Inst 1(b). | ons Section 17(| (a) of the Public 30(h) of the | Utility Ho | lding Comp | any A | ct of 19 | | | |
| (Print or Type | Responses) | | | | | | | | |
| | Address of Reporting ALIBA CORP | Symbo | | nd Ticker or Tr [PCR] | ading | | Relationship of F suer | Reporting Perso all applicable) | |
| (Last) | (First) (| Middle) 3. Date | of Earliest | Fransaction | | | (Clieck | | |
| 15901 OLI | DEN STREET | h/Day/Year) D/2005 | | | | Director X 10% Owner Officer (give title Other (specify below) | | | |
| | (Street) | | nendment, I Ionth/Day/Ye | Date Original ar) | | Ap | Individual or Joi pplicable Line) K_ Form filed by Or | | |
| SYLMAR, | CA 91342 | | | | | | Form filed by Mo | | |
| (City) | (State) | (Zip) Ta | ble I - Non- | Derivative Se | curitie | s Acquir | ed, Disposed of, | or Beneficiall | y Owned |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | 4. Securities 2 on Disposed of (Instr. 3, 4 an | (A) or | | 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 | 12/20/2005 | | Code V S | Amount 1,304,348 | (D) D | Price \$ 23.75 | 1,807,940 | 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)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transact Code (Instr. 8) | ction C 3) I S A (I C C (| of Deriva Securi Acquin (A) or Dispos of (D) (Instr. | per ative ities ired r osed) . 3, | 3 | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|--------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | Code N | | 4, and (A) (| (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | SS | Relationships | | | | | | | |
|-------------------------------------------------------------|------------|---------------|---------|-------|--|--|--|--|--|
| reporting o mar runne / runne | Director | 10% Owner | Officer | Other | | | | | |
| TUTOR SALIBA CORP 15901 OLDEN STREET SYLMAR, CA 91342 | | Х | | | | | | | |
| Signatures | | | | | | | | | |
| /s/John D. Barrett | 12/22/2005 | | | | | | | | |
| <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).

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.