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SMITHFIELD	FOODS INC	2									
Form 4											
June 22, 2005											
FORM	4							01 11 11 11 11	OMB AF	PROVAL	
	• UNITE	D STATES		ΓIES AN ington, D			GE C	OMMISSION	OMB Number:	3235-0287	
Check this			v v asii	ington, D		.,				January 31	
if no longer	STATE	EMENT O	F CHANG	ES IN BI	ENEFIC	CIAL	OWN	NERSHIP OF	Expires:	2005	
subject to Section 16.				SECURIT					Estimated a burden hour	•	
Form 4 or									response	0.5	
Form 5	Filed p	ursuant to	Section 16(a) of the S	Securitie	s Exc	change	e Act of 1934,			
obligations may contin	Section 1	7(a) of the	Public Util	ity Holdir	ng Comp	any A	Act of	1935 or Section	ı		
See Instruct		30(h)	of the Inve	estment C	ompany	Act of	of 194	0			
1(b).											
	,										
(Print or Type Res	sponses)										
1 Name and Add	trace of Doportio	ng Darson *						5 Deletionship of	Deporting Dars	on(s) to	
1. Name and Address of Reporting Person * POPE C LARRY				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			•	Symbol SMITHFIELD FOODS INC [SFD]							
						- [SI	ניי	(Checl	k all applicable)	
(Last)	(First)	(Middle)	3. Date of E		saction			D '	100	0	
C/O 200 COM	IMEDCE ST	PEET	(Month/Day 06/21/200					Director X Officer (give		Owner r (specify	
C/O 200 CON	INIERCE 51	KLL I	00/21/200	15				below)	below)		
								Presid	ent and C.O.O		
	(Street)		4. If Amend	ment, Date	Original			6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Month	/Day/Year)				Applicable Line)			
SMITHEIEL I	NA 22420							_X_ Form filed by C Form filed by M			
SMITHFIELI) , v A 25450							Person			
(City)	(State)	(Zip)	Table 1	- Non-Der	ivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. D	eemed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Y		tion Date, if	Transactio		ispose	d of	Securities	Ownership	Indirect	
(Instr. 3)		any (Mont	h/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)	Beneficially Owned	Form: Direct Bene (D) or Own	Beneficial Ownership	
		(mon	in Duy Tour)	(Instr. 0)	(1150.5,	i una	5)	Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(Instr. 5 and 4)			
COMMON	06/21/2005			Р	3,000	А	\$	310,000	D		
STOCK					,		27.5				
COMMON								1,000	Ι	Son (1)	
STOCK								1,000	1	50II <u>· /</u>	

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

Reporting Owners

Reporting Owner Name / Address		Relatio		
reporting of the rame i rear cos	Director	10% Owner	Officer	Other
POPE C LARRY C/O 200 COMMERCE STREET SMITHFIELD, VA 23430			President and C.O.O.	
Signatures				
/s/ Michael H. Cole, as Attorney-In-Fact	0	6/22/2005		
**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) Shares owned by reporting person's son. The reporting person disclaims beneficial ownership of such shares.

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.