SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response 0.5

1. Name and Address of Reporting Person* HURTT STEPHANIE P						2. Issuer Name and Ticker or Trading Symbol <u>TGC INDUSTRIES INC</u> [TGE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														Director			10% O	wner	
(Last) (First) (Middle) P O BOX 643695						3. Date of Earliest Transaction (Month/Day/Year) 11/21/2011								Officer (give title Other (specify below) below)					
		4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line)					
VERO BEACH FL 32964-3695				95	_								X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																			
		Tab	le I - Noi	n-Deriv	vative	e Se	curities	Acc	quired,	Dis	posed of	f, or Ben	eficially	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/L						ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amour Securitie Beneficia Owned F	s ally ollowing	Form (D) or	/nership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock														267,	368(5)		D		
Common Stock														36,611 ⁽¹⁾				By Family	
																I		GST	
																		Exempt Trust ⁽¹⁾	
		Т									osed of,			Owned		*			
				(e.g., p	outs,	calls	s, warra	ints,	, optior	ns, c	onvertib	le secui	ities)						
1. Title of Derivative Security (Instr. 3)	e Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reporteo Transact (Instr. 4)	re es ally d d tion(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownershij t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares						
Nonqualified Stock Option	\$8.38								(4)		09/18/2012	Common Stock	10,989		10,98	89	D		
Nonqualified Stock Option	\$3.09								(4)		10/22/2013	Common Stock	24,320		24,32	20	D		
Nonqualified Stock Option	\$3.88								(4)		12/03/2014	Common Stock	19,936		19,93	36	D		

Explanation of Responses:

\$6.32

1. Reporting person disclaims beneficial ownership of shares owned by the William C. Hurtt Jr. Family GST Exempt Trust except to the extent of reporting persons pecuniary interest. Reporting person is a Co-Trustee of the Trust.

16,837

(2)

2. The option vests 50% on 11-21-2011 and 50% on 11-21-2012.

3. Not applicable.

Nonqualified

Stock Option

4. Currently exercisable.

5. Includes 13,783 shares of common stock held in Reporting Persons IRA account.

11/21/2011

Stephanie P Hurtt

Commor

Stock

11/20/2016

** Signature of Reporting Person

16,837

(3)

11/23/2011 Date

16,837

D

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

* 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.

Α

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 Number.