COLLICH JOHN F

Form 4 May 23, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **COLLICH JOHN F** Issuer Symbol SAUL CENTERS INC [BFS] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Other (specify X_ Officer (give title 7501 WISCONSIN AVENUE, 15TH 05/22/2007 below) **FLOOR** Sr. Vice Pres-Retail Devel. (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting BETHESDA, MD 20814 Person

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactic Code (Instr. 8)	4. Securities Acquired n(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price			Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares				1 1110 1110			1,244.087 (2)	I	Wife
Common Shares	05/22/2007		M	3,750	A	\$ 25.78	10,862.247 (3)	D	
Common Shares	05/22/2007		S	3,750	D	\$ 47	7,112.47	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

Edgar Filing: COLLICH JOHN F - Form 4

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. Transactio Code (Instr. 8)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Share
Employee Stock Option	\$ 24.91					05/23/2004(1)	05/23/2013	Common Stock	18,07
Employee Stock Option	\$ 25.78	05/22/2007		M	3,750	04/26/2005(1)	04/26/2014	Common Stock	3,750
Employee Stock Option	\$ 33.22					05/06/2006(1)	05/06/2015	Common Stock	15,00
Employee Stock Option	\$ 54.17					04/27/2008(1)	04/27/2017	Common Stock	15,00

Reporting Owners

Reporting Owner Name / Address			Keiationsnips	
	ъ.	1000	O CC	0.1

Director 10% Owner Officer Other

COLLICH JOHN F 7501 WISCONSIN AVENUE 15TH FLOOR

Sr. Vice Pres-Retail Devel.

BETHESDA, MD 20814

Signatures

Scott V. Schneider, by Power of

Attorney 05/23/2007

**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).

Reporting Owners 2

Edgar Filing: COLLICH JOHN F - Form 4

- (1) The options will vest 25% per year over four years from the date of grant.
- (2) Balance increased by April 30, 2007 Dividend Reinvestment Plan award of 10.518 shares.
- (3) Balance increased by April 30, 2007 Dividend Reinvestment Plan award of 60.132 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.