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MAY PETE Form 4										
March 22, 2	ЛЛ	STATES					GE CO	OMMISSION	OMB	PROVAL 3235-0287
Check th	iis box		Wa	shington	, D.C. 205	49			Number:	January 31,
if no lon subject t Section Form 4 o		SECUF	RITIES		ERSHIP OF	Expires: 20 Estimated average burden hours per response				
Form 5 obligatio may con <i>See</i> Instr 1(b).	ns Section 17(ruction	a) of the l	Public U	tility Hol		pany	Act of	Act of 1934, 1935 or Section	L	
(Print or Type	Responses)									
MAY PETER W Syn			Symbol		d Ticker or T TAL GRO	-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[(ECPC	i)]				(Check	an applicable)
(Mont				h/Dav/Year)				_X_Director10% Owner Officer (give titleOther (specify below) below)		
	(Street)			endment, Dannent, Dannen, Dann	ate Original r)			5. Individual or Joi Applicable Line) _X_ Form filed by O		
NEW YOR	K, NY 10017						-	Form filed by Mo Person	ore than One Re	porting
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, in any (Month/Day/Year)			Date, if	Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6.7. Nature of OwnershipForm:BeneficialDirect (D)Ownership or Indirect(I)(Instr. 4)	
Common Stock	03/21/2006			S	220,919	D	\$ 15.55	875,881	I	By Madison West (1) (2)
Common Stock								15,000	D	
Common Stock								101,275	Ι	By Triarc (2) (3)

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

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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 number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
				a 1 11					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
MAY PETER W C/O TRIARC COMPANIES, INC. 280 PARK AVENUE NEW YORK, NY 10017	Х								
Signatures									
By: Stuart I. Rosen, as Attorney-in-Fact for		03/22/20)06						
**Signature of Reporting Person		Date							
Explanation of Responses:									

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).
- All such shares are held by Madison West Associates Corp., a wholly-owned subsidiary of Triarc Companies, Inc. (Triarc). Mr. May is an (1) officer, director and significant stockholder of Triarc.
- The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the (2) reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
- (3) All such securites are held by Triarc. Mr. May is an officer, director and significant stockholder of Triarc.

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.