## Edgar Filing: MCCONOMY THOMAS A - Form 4/A

MCCONOMY	Y THOMAS A											
Form 4/A												
December 06,	2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287			
Check this box									Expires:	January 31,		
subject to STATEMENT OF CHA			F CHAN	NGES IN BENEFICIAL OWNERSH				ERSHIP OF	Estimated a	2005 verage		
Section 16.				SECURITIES					burden hours per			
Form 4 or Form 5 Eiled pursuant to Section 1/					a .				response	0.5		
obligations							-	Act of 1934,				
may contin	nue. Section 17(			•	•	· ·		1935 or Section				
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).												
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person *2. IssueMCCONOMY THOMAS ASymbol								5. Relationship of Reporting Person(s) to Issuer				
CALC			-	ALGON CARBON								
				ORATION				(Check all applicable)				
(Last)	(First) (I	Middle)	3. Date o	f Earliest T	ransaction		-	_X_ Director		Owner		
				Day/Year)			- t	Officer (give ti below)	itle Othe below)	r (specify		
P.O. BOX 717 12/01/2				2005					,			
Filed(Mor			endment, Date Original			e	6. Individual or Joint/Group Filing(Check					
			-	r)			Applicable Line) _X_ Form filed by One Reporting Person					
PITTSBURG	H, PA 15230-0	717	12/02/2	.005			-	Form filed by Mo				
							I	Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqui	ired, Disposed of,	or Beneficiall	ly Owned		
	2. Transaction Date Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactic Code (Instr. 8)	4. Securit por Dispos (Instr. 3, 4	ed of (		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or	Drice	(Instr. 3 and 4)	(msu. <del>+</del> )			
Common Stock	12/01/2005			Code V S(1)	Amount 50,000	(D) D	Price \$ 5.7662	3,779,365	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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	umber Expiration Date (Month/Day/Year) erivative ecurities cquired () or isposed (D)		Under Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	ŝ	Relationships						
	Director	10% Owner	Officer	Other				
MCCONOMY THOMAS A								
P.O. BOX 717	Х							
PITTSBURGH, PA 15230-071	7							
Signatures								
/s/ Gail A. 12 Gerono 12	2/06/2005							
<pre>**Signature of Reporting Person</pre>	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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person.

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.