Edgar Filing: LIPSCHITZ LOUIS - Form 4

LIPSCHITZ I	LOUIS										
Form 4											
February 07, 2	2008										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								ONID	3235-0287		
Check this	box		vv asi	inigton, i	J.C. 205	49		Number: Janua	January 31		
if no longe	r stat	EMENT O	F CHAN(FES IN B	ENEFI	CIAI	OW	NERSHIP OF	Expires:	2005	
subject to Section 16				SECURI'					Estimated a		
Form 4 or	•								burden hou response	•	
Form 5	Filed	pursuant to S	Section 16	(a) of the	Securitie	es Ex	chang	e Act of 1934,			
obligations may contin		17(a) of the	Public Uti	lity Holdi	ng Com	pany	Act of	f 1935 or Sectio	n		
See Instruc		30(h)	of the Inv	estment C	Company	Act	of 194	40			
1(b).											
(Print or Type Re	(mongos)										
(I fint of Type Re	sponses)										
1. Name and Ad	1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Perso					son(s) to					
LIPSCHITZ LOUIS Symbol				Name and Tieker of Trading				Issuer	1 0		
			•	CO ENTERTAINMENT CO							
			[COOL]					(Chec	k all applicable	e)	
(Last)	(First)	(Middle)	3. Date of I	Earliest Trai	nsaction			X Director	10%	Owner	
			(Month/Da	y/Year)				Officer (give below)	title Other	% Owner her (specify	
160 RARITAN CENTER 02/05/20			/2008				below)	below)			
PARKWAY											
	(Street)		4. If Amen	dment, Date	e Original			6. Individual or Jo	oint/Group Filin	ng(Check	
			Filed(Montl	h/Day/Year)				Applicable Line) _X_ Form filed by (One Penarting De	and and a second	
EDISON, NJ	08837							Form filed by N			
EDISON, NJ	00037							Person			
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. De	emed 3. 4. Securities					5. Amount of 6. Ownership 7. Nature			
Security	(Month/Day/Y		on Date, if	Transactio	-			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(intointii	(Duj) i cui)	(Insu: 0)	(msu: 5,	i una	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Destricted				Code V	Amount	(D)	Price	(
Restricted Common	02/05/2008			Δ	8,474	Δ	<u>(1)</u>	72,480	D		
Stock	02/03/2008			А	(1)	А	<u>(1)</u>	72,400	D		
Stock											

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)

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

Reporting Owners

Reporting Owner Name / Address					
		Director	10% Owner	Officer	Other
LIPSCHITZ LOUIS 160 RARITAN CENTER PARKWAY EDISON, NJ 08837		Х			
Signatures					
/s/ Louis Lipschitz	02/06/2008				
<u>**</u> 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) Quarterly restricted stock grant pursuant to the Issuer's director compensation policy that vests six months from the grant date.

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.