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| ASTA FUN Form 4 October 17, | | | | | | | | | | | | |
|---|---|------------------|------------|--|--|----------------|-----------------------|--|---|---|--|--|
| FORM | 14 | | | | | | | | OMB AF | PROVAL | | |
| Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this box if no longer whist the STATEMENT OF | | | | ICES IN | BENEE | | | IEDSHID OF | Expires: | January 31, 2005 | | |
| subject to Section 1 | 0 | | г спар | SECUR | | ICIA | | ERSHIP OF | Estimated average burden hours per | | | |
| Form 4 c | | | | | | | | | response | 0.5 | | |
| Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 19401(b). | | | | | | | | | | | | |
| (Print or Type] | Responses) | | | | | | | | | | | |
| FEDER JUDITH R Symbol | | | | er Name and Ticker or Trading FUNDING INC [ASFI] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (| Middle) | | f Earliest Ti | _ | 1011 | ·] | (Check | c all applicable |) | | |
| | | | | onth/Day/Year) | | | | Director | Owner | | | |
| C/O ASTA SYLVAN A | FUNDING, INC AVENUE | ., 210 | 10/13/2 | .006 | | | | Officer (give t below) | title Othe below) | er (specify | | |
| | (Street) | | | endment, Da | - | ıl | | 6. Individual or Jo | int/Group Filin | g(Check | | |
| ENGLEWO | OOD CLIFFS, NJ | 07632 | Filed(Mo | nth/Day/Year | r) | | | Applicable Line) _X_Form filed by O Form filed by M | | | | |
| (City) | (State) | (Zip) | | | | ~ | | Person | | | | |
| | | - | | | | | _ | uired, Disposed of | | - | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | n Date, if | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, | spose 4 and | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | (A) or | D . | Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock, par value \$.01 | 10/13/2006 | | | Code V $S_{\underline{(1)}}$ | Amount 8,000 | (D) D | Price \$ 35.984 | 1,122,000 | I <u>(2)</u> | By GMS Family Investors | | |
| per share | | | | | | | | | | LLC | | |
| Common Stock, par value \$.01 per share | 10/16/2006 | | | S <u>(1)</u> | 8,000 | D | \$ 35.272 | 1,114,000 | I <u>(2)</u> | By GMS Family Investors LLC | | |
| Common Stock, par value \$.01 per share | | | | | | | | 11,000 | D | | | |

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| Common Stock, par value \$.01 per share | 692,000 | I <u>(3)</u> | By Stern Family Investors LLC |
|--|---------|--------------|--|
|--|---------|--------------|--|

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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| FEDER JUDITH R C/O ASTA FUNDING, INC. 210 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632 | | Х | | | | | |
| Signatures | | | | | | | |
| /s/ Erik W. Johnson, Esq., Attorney-In-Fact | | 10/17/2006 | | | | | |
| **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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by GMS Family Investors LLC.

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Ms. Feder has sole voting and investment power of this limited liability company. Gary Stern, President and Chief Executive Officer of Asta Funding, Inc. and a cousin of Ms. Feder, has a 79.46% beneficial interest in the limited liability company, trusts for the benefit of the

(2) Asta Funding, inc. and a cousin of Ms. Feder, has a 79.40% beneficial interest in the initial nability company, fusits for the benefit of the children of Gary Stern, of which Ms. Feder is the trustee, have a combined 20.43% beneficial interest (10.215% each), and Arthur Stern, Chairman of the Board of Asta Funding, Inc., and an uncle of Ms. Feder, has a .11% beneficial interest in the limited liability company.

Ms. Feder has sole voting and investment power of this limited liability company. Arthur Stern, Chairman of the Board of Directors of Asta Funding, Inc. and an uncle of Ms. Feder, has a 49.5% beneficial interest in the limited liability company, his wife, Alice Stern, has a 1% beneficial interest, and a trust for the benefit of the descendants of Arthur Stern, of which Ms. Feder is trustee, has a 49.5% beneficial

(3) Astar a uniting, file, and an uncle of MS. Feder, has a 49.5% beneficial interest in the limited flability company, has a 49.5% beneficial interest in the limited liability company.

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.