Edgar Filing: INTERFACE INC - Form 4

INTERFACE	E INC										
Form 4											
December 23	3, 2004										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi	is box		vv as	anngton,	D.C. 20	347				January 31,	
if no longer STATEMENT OF CHAI				NGES IN BENEFICIAL OW				NERSHIP OF	Expires:	2005	
-	subject to STATEMENT OF CHART				ITIES				Estimated average burden hours per		
Form 4 or								response 0.			
Form 5	• •	•					-	ge Act of 1934,			
obligation may cont				•	•	· ·		f 1935 or Sectio	n		
See Instru		30(h)) of the In	vestment	Compan	y Act	t of 19	40			
1(b).											
(Print or Type F	Responses)										
(
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship o						5. Relationship of	Reporting Person(s) to				
WILLOCH RAYMOND S Symb				c				Issuer			
			INTERI	RFACE INC [IFSIA]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chee	.k an appneable	<i>,</i>)	
			(Month/D	Month/Day/Year)				Director 10% Owner			
			12/21/20	004				X_ Officer (give title Other (specify below) below)			
SUITE 2000								Sr. VP - Admin.; GC and Sec.			
			4. If Ame	. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mon					Applicable Line)			
								X Form filed by One Reporting Person Form filed by More than One Reporting			
ATLANTA,	, GA 30339							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ities Aco	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. De	emed 3. 4. Securities Acquired				cquired	5. Amount of 6. Ownership 7. Nature			
Security	(Month/Day/Ye	ear) Executi	ion Date, if	Transaction(A) or Disposed of			d of	Securities Beneficially	Form: Direct (D) or Indirect (I)	Beneficial	
(Instr. 3)		any (Month	/Day/Vear)	Code (Instr. 8)	(D) $(Instr. 3, 4 and 5)$						
(Wonth Day Teal)				(Instr. 8) (Instr. 3, 4 and 5)				Following	(Instr. 4)	(Instr. 4)	
			(A)				Reported				
						or		Transaction(s) (Instr. 3 and 4)			
Class				Code V	Amount	(D)	Price	(insure and I)			
Class A	12/21/2004			c	6 977	D	\$	14,361	D		
Common Stock	12/21/2004			S	6,877	D	9.85	14,301	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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			
WILLOCH RAYMOND S 2859 PACES FERRY ROAD, SUITE 2000 ATLANTA, GA 30339				Sr. VP - Admin.; GC and Sec.				
Signatures								
Raymond S. Willoch	12/22/2004							

<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).

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.