## Edgar Filing: BRIGHTON TODD - Form 4

BRIGHTON TOI Form 4	DD							
February 24, 200	6							
FORM 4	<ul> <li>FORM 4</li> <li>UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549</li> <li>Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).</li> <li>Statement of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1940</li> </ul>						-	PPROVAL 3235-0287
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction							Expires: Estimated burden hou response	urs per
(Print or Type Respon	nses)							
1. Name and Addres BRIGHTON TO		Symbol RED F	er Name <b>an</b> ROBIN GO ERS INC	DURMET	-	5. Relationship o Issuer (Che	of Reporting Per eck all applicabl	
(Last) ( 6312 S. FIDDLE CIRCLE, SUITE	R'S GREEN	(Month/ 02/22/	of Earliest T Day/Year) 2006	ransaction		Director X Officer (giv below) Senior VI		% Owner her (specify Officer
GREENWOOD VILLAGE, CO 8	Street) 30111		nendment, D onth/Day/Yea	U	I	6. Individual or . Applicable Line) _X_ Form filed by Form filed by Person	•	erson
(City) (	State) (2	Zip) Tal	ble I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned
	a	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration I (Month/Day	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (Right to Buy)	\$ 41.45	02/22/2006		A	20,000	<u>(1)</u>	02/22/2006	Common Stock	20,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
I g i i i i i i i i i i i i i i i i i i	Director	10% Owner	Officer	Other		
BRIGHTON TODD 6312 S. FIDDLER'S GREEN CIRCLE SUITE 200 NORTH GREENWOOD VILLAGE, CO 80111			Senior VP & Cheif Dev. Officer			
Signatures						
Attorney-in- Fact Annita Menogan	02/22/200	)6				

\*\*Signature of Reporting Person

## **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).

Date

(1) The Option shall become vested as to 25% of the total number of shares of Common Stock subject to the Option on the first anniversary of the Award Date. The remaining 75% of the total number of shares of Common Stock subject to the option shall become vested in 36 substantially equall monthly installments, with the first installment vesting on the same day of the month following the moonth in which the first anniversary of the Award Date occurs and an additional installment vesting on the same day of each of the 35 months thereafter.

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.