

PRIMEENERGY CORP
Form 4
June 12, 2009

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
DRIMAL CHARLES E JR

(Last) (First) (Middle)

ONE LANDMARK SQUARE, 11TH FLOOR

(Street)

STANFORD, CT 06901

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
PRIMEENERGY CORP [PNRG]

3. Date of Earliest Transaction (Month/Day/Year)
06/10/2009

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
President

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock				(A) or (D) Price	506,606	D	
Common Stock	06/10/2009 ⁽¹⁾		J	0 ⁽¹⁾ ₍₁₎	18,856 ⁽¹⁾ ₍₁₎	I ⁽¹⁾ ₍₁₎	See Footnote ⁽¹⁾ ₍₁₎

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.

SEC 1474 (9-02)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)
Purchase Option	\$ 1					(2)	Common Stock	523,125
Purchase Option	\$ 1.25					(2)	Common Stock	174,375

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DRIMAL CHARLES E JR ONE LANDMARK SQUARE 11TH FLOOR STANFORD, CT 06901	X	X	President	

Signatures

/s/ Charles E. Drimal, Jr. 06/12/2009

**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) No shares were bought or sold by Mr. Drimal. As a beneficiary of the Estate of Juanita Drimal, Deceased, Mr. Drimal may be deemed the beneficial owner of his proportionate interest in shares held by the Estate. He has no dispositive or voting rights with respect to such shares. At June 11, 2009, his proportionate interest in shares held by the Estate was 18,856, following the open market sale of shares by the Estate of Juanita Drimal on 6/10/2009 and 6/11/2009.

(2) All options are fully exercisable and are non-expiring during employment, but must be exercised within three months after termination of employment, or within one year if termination occurs by reason of death or disability.

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.