| Stoll Kimberly K Form 3/A August 24, 2009 | | | | | | |
|--|------------|---|------------------------------|------------------------------|------------|--|
| FORM 3 UNITED STATES SECURITIES AN | | | | N OMB APPROVAL | | |
| Washington, D.C. 20549 | | | | OMB Number: | 3235-010 | |
| INITIAL | | EFICIAL OWNERSHIP O | F | Expires: | January 31 | |
| | FIES | | Estimated a | 0 | | |
| 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 *2. Date of Event Requiring Statement Stoll Kimberly K(Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol BADGER METER INC [BMI] | | | | |
| (Last) (First) (Middle) | 08/24/2009 | 4. Relationship of Reporting Person(s) to Issuer | | mendment, D Month/Day/Yea | - | |
| 4545 W BROWN DEER ROAD | | | | /2009 | u) | |
| (Street) | | (Check all applicable) | 6. Individual or Joint/Group | | | |
| | | Director 10% Owner | Filing(| Check Applica | ble Line) | |

MILWAUKEE, WIÂ 53223

(State)

(Zip)

Reminder: Report on a separate line for each class of securities beneficially

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.

(City)

(Instr. 4)

1. Title of Security

Common Stock

Common Stock

owned directly or indirectly.

OMB APPROVAL

| OMB Number: | 3235-0104 | | | | |
|------------------------------------|---------------------|--|--|--|--|
| Expires: | January 31, 2005 | | | | |
| Estimated average burden hours per | | | | | |
| response | 0.5 | | | | |

X Form filed by One Reporting

Form filed by More than One

Person

Ownership

(Instr. 5)

ESSOP

Â

Reporting Person

4. Nature of Indirect Beneficial

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

__X__Officer

2. Amount of Securities

Beneficially Owned

(Instr. 4)

46

250

(give title below) (specify below)

3.

VP-Marketing

Table I - Non-Derivative Securities Beneficially Owned

Ownership

Direct (D) or Indirect (I) (Instr. 5)

Ι

D

SEC 1473 (7-02)

Form:

_ Other

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4. | 5. | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4) | Expiration Date | Securities Underlying | Conversion | Ownership | Beneficial Ownership |
| | (Month/Day/Year) | Derivative Security | or Exercise | Form of | (Instr. 5) |
| | | (Instr. 4) | Price of | Derivative | |
| | | | Derivative | Security: | |

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| Date Exercisable | Expiration Date | Title | Amount or Number of | Security | Direct (D) or Indirect |
|---------------------|--------------------|-------|------------------------|----------|---------------------------|
| | | | Shares | | (I) |
| | | | | | (Instr. 5) |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | |
|--|--------|---------------|-----------|-------------------|-------|--|
| | | Director | 10% Owner | Officer | Other | |
| Stoll Kimberly K 4545 W BROWN DEER RO MILWAUKEE, WI 5322 | | Â | Â | Â VP-Marketing | Â | |
| Signatures | | | | | | |
| Kimberly K. 08 Stoll | 8/24/2 | .009 | | | | |

<u>**</u>Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

250 shares held directly by reporting person were inadvertently omitted by the preparer from the Fo

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.