

Edgar Filing: GROSHOFF DAVID A - Form 3

GROSHOFF DAVID A
Form 3
September 14, 2001

F O R M 3

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

INITIAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act 1940

1. Name and Address of Reporting Person*			2. Date of Event Requiring Statement (Month/Day/Year)		4. Issuer Name and Ticker or Trade Symbol	
Groshoff David A.			09/7/01		Atlas Minerals, Inc. (ATMR)	
(Last) (First) (MI)					5. Relationship of Reporting Person to Issuer (Check all Applicable)	
8044 Montgomery Road, Suite 480			3. IRS Identification Number of Reporting Person, if an entity (voluntary)		X Director 10% Owner Officer (give title below) Other (specify below)	
(Street)						
Cincinnati OH 45236						
(City) (State) (Zip)						

TABLE I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership
No securities owned			

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Reminder: Report on a separate line for each class securities owned directly or indirectly.
 *If the form is filed by more than one reporting person, see Instruction 5(b) (v).

FORM 3 (continued)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Underlying Derivative Security (Instr. 4)	4. Conversion Price or Exercise Price of Derivative Security
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	9/7/01	9/6/11	Common Stock	100,000 (1)

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Explanation of Responses:

(1) The stock options are fully vested.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ David A. Groshoff

**Signature of

Note: File three copies of this form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

David A. Groshoff

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMD Number.