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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) Check this box if no longer subject to Section 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses)									
1. Name and Address of Reporting Person * 2. Issuer ULLMAN LEO S Symbol CEDAR INC [CI			Ticker or			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) 44 SOUTH BAYLES AV	(3. Date of Earliest Transaction (Month/Day/Year) 03/09/2011				_X_ Director 10% Owner Other (specify below) President & CEO			
(Street) PORT WASHINGTON, N	I	4. If Amendment, Da Filed(Month/Day/Year	_	l		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	rson	
(City) (State)	(Zip)	Table I - Non-D	erivative	Securitie		iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Month/Day/Ye. (Instr. 3)		Date, if Transaction Code	(Instr. 3,	sposed of 4 and 5) (A) or	of (D)	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 03/09/2011		P	1,000	A \$ 5.	.8199	936,038	D		
Reminder: Report on a separate	ine for each clas	ss of securities benef	Perso inform requir	ns who lation c ed to re ys a cu	respo contain espond	ndirectly. nd to the collect ed in this form a I unless the form valid OMB cont	re not 1	EC 1474 (9-02)	

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

number.

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)			ate	7. Title Amoun Under	int of lying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene
	Derivative Security				Securities Acquired			(Instr.	3 and 4)		Owne Follo
					(A) or Disposed						Repo Trans
					of (D) (Instr. 3, 4, and 5)						(Instr
					4, and 3)				Amount		
						Date Exercisable	Expiration Date	Title	or Number of		
				Code V	(A) (D)				Shares		

Reporting Owners

PORT WASHINGTON, NY 11050

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ULLMAN LEO S							
44 SOUTH BAYLES AVENUE	X		President & CEO				

Signatures

/s/ Martin H. Neidell, Attorney-in-Fact 03/09/2011

**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.

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