| WHITMIRE C DONALD JR | | | | | | | | |
|---|---------------------------------------|---------------|-------------------------------------|-------------|--------------------------------------|-------------|--|--|
| Form 4 February 04, 2003 | | | | | | | | |
| FORM 4 | UNIT | FD STATE | S SECURITIES A | ND | | | | |
| [] Check this box if no | | | E COMMISSION | | | | | |
| longer | | | on, DC 20549 | | OMB APF | PROVAL | | |
| subject to Section 16. | | 0 | - , | | OMB | | | |
| Form 4 or | | | | | Number: 32 | 35-0287 | | |
| Form 5 obligations | STATEME | NT OF CH | ANGES IN BENE | FICIAL | Expires: Jan | uary 31, | | |
| may continue. | OWNERSH | IP | | | 2005 | | | |
| See Instruction 1(b). | | | | | Estimated av | erage | | |
| | Filed pursuant to | burden | | | | | | |
| | Section 17(a) of t Holding Company | • | Section 30(h) of the Inve | stment | hours per | | | |
| (Drint on Toma Deenenges) | Company Act of | | | | response | 0.5 | | |
| (Print or Type Responses) | 2 Icour | Nama and 7 | Fielen or Trading | 6 Dolotic | onchin of Done | rting | | |
| 1. Name and Address of Reporting Person* | Symbol | Name and | Ficker or Trading | | ionship of Reporting s) to Issuer | | | |
| T CISON | Symbol | | | 1 013011(3) | (Check all applicable) | | | |
| | | | | Direct | Of Owner | ppneuoie) | | |
| | | | | | Other (specify | | | |
| | | | | (giveb | | | | |
| | | | | title | , | | | |
| | | | | below |) | | | |
| Wikiteeine In C. Devold | E | I-MaDan Car | | Vice Pr | esident and Co | ontroller - | | |
| Whitmire, Jr. C. Donald | (FCX) | ICIVIOKAII CO | pper & Gold Inc. | <u>Fi</u> | nancial Repor | ting | | |
| (Last) (First) (Mi | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | dentificatio | n4. Statement for | | | | | |
| | Number | r of | Month/Day/Ye | ar | | | | |
| | Reporting | 5 | | 7. Individ | dual or Joint/G | roup | | |
| | Person, | if an entity | | Filing (C | heck Applicab | ole Line) | | |
| 1615 Dovidnos Streat | (Volunt | ary) | | | | | | |
| 1615 Poydras Street | | | 02/01/03 5 If A mondmont | VEorm | filed by One P | onorting | | |
| | | | 5. If Amendment, Date of | Persor | - | reporting | | |
| (Street) | | | Original | | filed by More | than One | | |
| (Silect) | | | (Month/Day/Y) | | - | | | |
| | | | (Wolding Duy) 1 | eur)Repor | ting reison | | | |
| New Orleans Louisiana 70112 | T 1 | | | | 1.0. 1 | C | | |
| (City) (State) | (Zip) I ab | le I — Non | -Derivative Securit Beneficially | - | rea, Disposed | of, or | | |
| 1. Title of Security | 2. Trans- | 2 ^ | 3. Transecurities | | 1600wtner-7.1 | Nature of | | |
| (Instr. 3) | | ZA. Deemed | actionquired (A) | | | Indirect | | |
| (1131.5) | Date | Execution | Codeor Dispose | | - | Beneficial | | |
| | Dute | Date, if | (In(sftr)8) | | | Owner- | | |
| | | any | (Instr. 3, 4 | | • | ship | | |
| | | - | 5) | | ollowidnigect | • | | |
| | (Month/ | (Month/C | Code Amount (A) | | epouted | | | |
| | Day/ | Day/ | or | Tı | ratilisascitti.04h(s) (| Instr. 4) | | |
| | Year) | Year) | (D) | | nstr. | | | |
| | | | | 3 | | | | |
| | | | | and | | | | |

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| | | | | 4) | | |
|----------------------|----------|--------------|-----|------------------|---|-----------------|
| Class B Common Stock | 02/01/03 | F (1) | 250 | D \$18.72501,898 | D | |
| | | | | 1,072 | Ι | By IRA for self |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. *If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

| Persons who respond | (Over) |
|-----------------------|----------|
| to the collection of | SEC 1474 |
| information contained | (9-02) |
| in this form are not | |
| required to respond | |
| unless the form | |
| displays | |
| a currently valid OMB | |
| control number. | |
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| FORM 4 (continued) | | | Table II — | | | urities Acquir warrants, op | - | | | - | vned | |
|--------------------|----------|-----------|------------|--------|--------------|--------------------------------|--------------|----|---------|------------|------------|-----|
| 1. Title of 2. | Conver- | 3. Trans- | - 3A. | 4. Tra | n\$. Numba | eDate Exer- | 7. Title and | 8. | Price | 9. Number | 10. Owner- | 11. |
| Derivative | sion or | action | Deemed | acti | 0 n f | cisable and | Amount of | | of | of deriv- | ship | |
| Security | Exercise | Date | Execution | Coc | leDeriv- | Expiration | Underlyir | ıg | Deriv- | ative | Form of | |
| (Instr. 3) | Price of | | Date, if | (Ins | str.8)ative | Date | Securities | | ative | Secur- | Deri- | |
| | Deri- | (Month/ | any | | Securities | s(Month/Day | / (Instr. 3 | | Secur- | ities | vative | |
| | vative | Day/ | | | | Year) | and 4) | | ity | Bene- | Security | : |
| | Security | Year) | (Month/ | | Acquired | | | | (Instr. | ficially | Direct | |
| | | | Day/ | | (A) or | | | | 5) | Owned | (D) or | |
| | | | Year) | | | | | | | Follow- | Indirect | 4) |
| | | | | | Disposed | | | | | ing | (I) | |
| | | | | | of (D) | | | | | Reported | (Instr. 4) | |
| | | | | | | | | | | Trans- | | |
| | | | | | | | | | | action(s) | | |
| | | | | | | | | | | (Instr. 4) | | |
| | | | | | (Instr. | | | | | | | |
| | | | | | 3, 4 | | | | | | | |
| | | | | | and 5) | | | | | | | |
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| | | | | | | | or | | | | | |
| | | | | | | ate Expira- | | r | | | | |
| | | | | | | xer- tion | of | | | | | |
| | | | | Code | √(A)(D)ci | sable Date | TitleShares | | | | | |

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Explanation of Responses:

1. Shares were withheld to cover taxes due upon the vesting of Class B Common Stock Restricted Stock Units

| **Intentional misstatements or omissions of facts constitute Federal Criminal Violations.See | /s/ Margaret F. Murphy **Signature of Reporting Person Margaret F. Murphy, on behalf of | 02/04/03 Date |
|---|---|------------------|
| 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). | C. Donald Whitmire, Jr. | |
| Note: File three copies of this Form, one of whic | h must be manually | |
| signed. If space is insufficient, | - | |
| see Instruction 6 for procedure. | | |
| Potential persons who are to respond to the colle | ction of information | |

contained in this form are not required to respond unless the form displays a currently valid OMB Number.

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