Edgar Filing: MAHONEY ROBERT W - Form 4

MAHONEY ROI Form 4	BERT W										
January 04, 2005											
							COMMISSION		PPROVAL		
FORM 4	OMB Number:	.: 3235-0287									
Check this box if no longer subject to Section 16. Form 4 or		IENT OI		shington NGES IN SECUF	Expires: Estimated burden hou response	urs per					
Form 5 obligations may continue. See Instruction 1(b). 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 Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> MAHONEY ROBERT W			2. Issue Symbol	er Name and	d Ticker o	or Trading	5. Relationship of Reporting Person(s) to Issuer				
		CINCI	NNATI B	ELL IN	C [CBB]	(Check all applicable)					
(Last)	(First) (1	Middle)	3. Date c	f Earliest T	ransaction	1	(Che	ek an applicabl	0)		
201 EAST FOUL	ΕT	(Month/Day/Year) 01/03/2005				X_ Director 10% Owner Officer (give title Other (specify below) below)					
(4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 							
CINCINNATI, C	OH 45202						Person	wore than one R	eporting		
(City) ((State)	(Zip)	Tab	le I - Non-I	Derivativ	e Securities A	cquired, Disposed o	of, or Beneficia	lly Owned		
	ansaction Date th/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3,	d (A) or d of (D) 4 and 5) (A) or	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on	a separate line	for each cla	ass of sec	urities benef	ficially ov	vned directly of	or indirectly.				
					infor requ	mation cont ired to respo ays a curre	pond to the colle ained in this form ond unless the for ntly valid OMB co	are not rm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	1
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	ł
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			1

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	Derivative Security				(A) or Disposed (D) (Instr. 3, and 5)					
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Buy (1)	\$ 3.43						10/18/2004	10/18/2014	Common Stock	25,000
Phantom Share (2)	<u>(3)</u>	01/03/2005	А		6,000		(4)	(4)	Common Stock	6,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MAHONEY ROBERT W 201 EAST FOURTH STREET CINCINNATI, OH 45202	Х							
Signatures								
Amy Collins, Attorney-in-Fact Mahoney	t W.	C)1/04/2005					
<u>**</u> Signature of Reporting I			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) Option shares granted under the 1997 Stock Option Plan for Non-Employee Directors which is a Rule 16b-3 Plan.
- (2) Phantom shares granted under the Cincinnati Bell Inc. Deferred Compensation Plan for Outside Directors, which is a Rule 16b-3 Plan.
- (3) One for one conversion
- (4) Pursuant to the terms of the Deferred Compensation Plan for Outside Directors, Phantom shares are payable in cash following retirement or termination of reporting person's employment/affiliation with the Company
- (5) Phantom shares are valued at the fair market price of the Issuer's common stock price on grant date.

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.