Edgar Filing: IGOE THOMAS D - Form 4

IGOE THOM	AS D										
Form 4 February 22, 2	2005										
										PPROVAL	
FORM	UNITED	STATES SI	ECURITI Washing				NGE (COMMISSION		3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Section 16. Form 4 or Section 16. Form 5 Section 17(a) of the Public Utility Holding Construction 30(h) of the Investment Comp				ENEFI TIES Securiti ng Com	NEFICIAL OWNERSHIP OF ES Estimated avera burden hours por response						
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> IGOE THOMAS D		Sy	2. Issuer Name and Ticker or Trading Symbol M I HOMES INC [MHO]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 2773 HELSTON ROAD		(M	3. Date of Earliest Transaction(Month/Day/Year)02/17/2005					X_ Director 10% Owner Officer (give title Other (specify below) below)			
			If Amendme led(Month/Da	ndment, Date Original th/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 			
COLUMBUS	S, OH 43220							Person	Aore than One Re	eporting	
(City)	(State)	(Zip)	Table I - I	Non-De	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	n Date 2A. Deemed 3. Year) Execution Date, if Tran any Code (Month/Day/Year) (Inst			4. Securit nAcquired Disposed (Instr. 3,	(A) o of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Co	de V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common Shares	02/17/2005		N	1	1,155	A	<u>(1)</u>	5,975	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 11 5 ()
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock (2)	<u>(3)</u>	02/17/2005	М		1,155	02/17/2005	02/17/2005	Common Shares	1,155	

Reporting Owners

Reporting Owner Name / Address					
I. O. I.	Director	10% Owner	Officer	Other	
IGOE THOMAS D 2773 HELSTON ROAD COLUMBUS, OH 43220	Х				
Signatures					
Phillip G. Creek, Attorney-in-F D. Igoe	(02/22/2005			
<u>**</u> Signature of Reporting	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) Common Shares acquired pursuant to 1-for-1 exchange for Phantom Stock units (see Table II).

The Phantom Stock units accrued from time to time under the M/I Homes, Inc. Directors Deferred Compensation Plan (the "Plan") in lieu of cash payments for serving as a member of the Board of Directors. The reporting person acquired all such Phantom Stock units at the

(2) of cash payments for serving as a member of the Board of Directors. The reporting person acquired an such r handom brock units at the closing price of the M/I Homes, Inc. common shares on the New York Stock Exchange on the date of allocation of such Phantom Stock units to the reporting person's deferred compensation account under the Plan.

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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