### Edgar Filing: Gillern Frank J - Form 4/A

Gillern Frank	J										
Form 4/A											
March 06, 200	)9										
FORM	Δ								OMB AF	PROVAL	
	UNIII	ED STATES		TIES AN lington, I			GE C	OMMISSION	OMB Number:	3235-0287	
Check this if no longer	r								Expires:	January 31,	
subject to	STAT	EMENT O		IANGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Verage	
Section 16.		SECURITIES							burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of						A ( 61024	response	0.5	
obligations		-					-				
may contin	ue. Section		of the Inv	•		•		1935 or Section	1		
See Instruc	tion	50(II)		estinent C	Joinpany	Act	01 194	0			
1(b).											
(Print or Type Re	sponses)										
1. Name and Address of Reporting Person <u>*</u> Gillern Frank J			2. Issuer Name <b>and</b> Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
Ginein Frank	-	Symbol ROGERS CORP [ROG]									
<i>(</i> <b>7</b> ),	(T) )	<b></b>		-	-			(Checl	k all applicable	)	
(Last)	(First)	(Middle)	3. Date of E		isaction			D. (	100	0	
ONE TECHN		RIVE PO	(Month/Day 02/27/200					Director X Officer (give		Owner er (specify	
BOX 188		KI V L, I .O.	021211200	J9				below)	below)		
2011100								-	rate Manufactu	-	
Filed								6. Individual or Joint/Group Filing(Check			
				· · · · · · · · · · · · · · · · · · ·				Applicable Line) _X_ Form filed by One Reporting Person			
ROGERS, CI	F 06263 018	8	03/05/200	J9				Form filed by M			
KOOLKS, CI	1 00205-018	0						Person			
(City)	(State)	(Zip)	Table	I - Non-De	rivative Se	ecuriti	ies Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of		n Date 2A. De		1					6.	7. Nature of	
Security (Instr. 3)	(Month/Day/	Year) Execut any	on Date, if Transaction(A) or Disposed of Code (D)				d of	Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(IIIsu. 5)		-	Code (D) n/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	Owned		Ownership		
			-					Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				<b>a</b> 1 <b>b</b>		or	D :	(Instr. 3 and 4)			
Conital				Code V	Amount	(D)	Price	. ,			
Capital (Common)	02/27/2009	)		Р	1,000	А	\$	3,128.396 <u>(1)</u>	D		
	0212112009			r	1,000	Α	18.5	5,120.590 (1)	D		

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

Stock

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Gillern Frank J ONE TECHNOLOGY DRIVE P.O. BOX 188 ROGERS, CT 06263-0188			VP Corporate Manufacturing					
Signatures								
Alice R. Tetreault as Power of Attorney								
**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).
- (1) This Form 4 is being filed late due to an administrative error. Mr. Gillern also indirectly owns 5,671.1607 shares of Rogers Corporation Capital (Common) Stock through the Company's 401(k) plan.

### **Remarks:**

On Table I, #3. Transaction Code - was incorrectly entered as Code A, and has been corrected to Code P.

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.