Edgar Filing: GOODMAN CHARLES H - Form 4

GOODMAN Form 4	CHARLES H	[
January 05, 2										OMB A	PPROVAL	
FORM	ITIES A hington,			OMB Number:	3235-0287							
Check this if no long subject to Section 16 Form 4 or Form 5	er STATI 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act								Expires: Estimated a burden hou response	irs per	
obligation may conti <i>See</i> Instru 1(b).	nue. Section 1	7(a) of the		ility Hold	ling	Com	pany	Act o	f 1935 or Sectio	on		
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> GOODMAN CHARLES H			Symbol GENER	GENERAL DYNAMICS CORP					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	[GD] (First) (Middle) 3. Date of Earliest Transaction Director (Month/Day/Year) Officer (give below)				title 10% Owner Other (specify below)							
(Street) 4. If Amendment, Date Or Filed(Month/Day/Year)				e Original 6. Individual or Joint/Gro Applicable Line) _X_ Form filed by One Repo Form filed by More than Person					erson			
(City)	(State)	(Zip)	Table	e I - Non-D	eriv	ative S	lecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executi any		3. Transactic Code (Instr. 8)	onAc Di	isposed	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code V			(D)	Price	(Instr. 3 and 4)			
Stock	01/03/2006			J	68	3	А	<u>(1)</u>	5,056	D		
Common Stock									3,875,556	Ι	See ftn. <u>(2)</u>	
Common Stock									500	Ι	See ftn. (3)	
Common Stock									152,400	Ι	See ftn. (4)	
Common Stock									11,600	Ι	See ftn (5)	

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Common Stock	198,921	Ι	See ftn. <u>(6)</u>
Common Stock	8,700	Ι	See ftn. (7)

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)

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. of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title Amour Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GOODMAN CHARLES H								
	Х							
Signatures								

/s/ Charles H. Goodman <u>**</u>Signature of Reporting Date

**Signature of Reporting Person

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) Adjustment to number of shares of Performance Restricted Stock at end of performance period, 12/31/2005

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- (2) Owned by a partnership, The Crown Fund, of which the Reporting Person is a partner
- (3) Owned by a trust, the Charles Grandchildren Trust, of which the Reporting Person is a co-trustee and his grandchildren are beneficiaries
- (4) Owned by a partnership, The Crown Fund II, of which the Reporting Person is a partner
- (5) Owned by a trust, the Charles GD 03 Trust, of which the Reporting Person is the trustee and a beneficiary
- (6) Owned by a trust, the Charles Pharma Trust, of which the Reporting Person is the trustee and a beneficiary
- (7) Owned by a trust, the Charles FNM Trust, of which the Reporting Person is the trustee and a beneficiary

Remarks:

The Reporting Person disclaims beneficial ownership of the shares described in footnotes 2 through 7, except to the extent of h

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.