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PG&E CORP Form 4 April 28, 2003

## FORM 4

4 or

continue.

[ ] Check this box if no longer

Form 5 obligations may

See Instruction 1(b).

subject to Section 16. Form

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden

hours per response......0.5

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 Responses)

Name and Address of Reporting  Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol						6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
reison.								X		10% Owner				
	D	W	P	G&E Corp	oration (F	PCG)			Officer	Other (specibelow)				
(Last)	David (First)	M. (Middle)	3 I D S L	dentification	1 Statem	ent for								
(Last)	(1.1181)	(Wildale)	Number			/Day/Yea	ar							
c/o Kaiser Foundation Health Plan			Reporting Person, (Volunta	if an entity	,			7. Individual or Joint/Group Filing (Check Applicable Line)						
One Kaiser Plaza			( v oiuiita	ııy)	5. If Amendment, Date of Original (Month/Day/Year)			X	Form filed by One Reporting Person					
(Street)				Form filed by				Form filed by More than One Reporting Person						
Oakland	CA	94162												
(City)	(State)	(Zip)		Table I —	Non-Der	ivative S	ecuri	ties Ac	es Acquired, Disposed of, or Beneficially Owned					
1. Title of Securi	ity		2. Trans-		3. Trans-				5. Amount of		7. Nature of			
(Instr. 3)				Deemed		Acquire			Securities	ship	Indirect			
			Date	Execution	Code	or Dis	sposed	l of	Beneficially	1	Beneficial			
				Date, if	(Instr.8	. ,	2 1		Owned	Direct	Owner-			
				any		(Instr.	3,4	and 5)	Following	(D) or	ship			
			(N.f 41- /	(M =41-/					Reported	Indirect				
			(Month/ Day/	(Month/ Day/					Transaction	(S)(1)				
			Year)	Year)			(A)		(Instr. 3	(Instr. 4)				
			1 car)	,	de V	Amount	or (D)	Drice	(	(111301. 4)	(Instr. 4)			
Common Stock			04-25-03		P	636			19,938.0651(1)	D	_			
Common Stock			(No reportable transactions)						360	I	Held by Lawrence Family Trust			

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 to the collection of (Over) information contained SEC 1474 in this form are not required to respond unless the form displays a currently valid OMB control number.

FORM 4 (continued)	Table II — Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of	2. Conver-	3. Trans-	3A.	4. Trans-	5. Number	6. Date Exer-	7. Title and	8. Price	9. Number	10. Owner-	11. Nature	
Derivative	sion or	action	Deemed	action	of Deriv-	cisable and	Amount of	of	of deriv-	ship	of	

Common Stock 1

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Security (Instr. 3)	vative	Execution Date, if any  (Month/ Day/ Year)	Code (Instr.	.8)	Secu Ac- qu (A) o Dis- po of (D (Ir 3, 4 a	ired or sed 0) nstr.	(Mon Year)	th/Day/	Secu (Ir 4)	nderlying rities nstr. 3 and	Derivative Security (Instr. 5)	ative Secur- ities Bene- ficially Owned Follow- ing Reported Trans- action(s)	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Indirect Benefi- cial Owner- ship (Instr. 4)
			Code	V	(A)		Exer-	Expira- tion Date	Title	Amount or Number of Shares		(Instr. 4)		

Explanation of Responses:

			04-25-2003
**	Intentional misstatements or		
	omissions of facts constitute Federal	**Signature of Reporting Person	Date

Criminal Violations.

See18 U.S.C. 1001 and 15 U.S.C.
78ff(a).

Eric Montizambert, Attorney-in-Fact

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient,

For David M. Lawrence

see Instruction 6 for procedure.

(Signed Power of Attorney on file with SEC)

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.

Page 2