SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) |
|---|
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | OVAL |
|-----------------------|-----------|
| OMB Number: | 3235-0287 |
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| | | | | er Name and Ticke <u>ERA INC</u> [(| | rmbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|------------------------|-------------------------|--------------------|------------------|--|------------------|---------------------------|--|--|-----------------|---------------|--|--|
| CAMPBELL | WHILE AN | <u>NETTE</u> | | <u> </u> | | | X | Director | 10% 0 | Owner | | |
| (Last) 5980 HORTON | (First) STREET, SUIT | (Middle) TE 390 | 3. Date 05/10 | e of Earliest Transa /2004 | ction (Month/D | ay/Year) | | Officer (give title below) | Other below | (specify) | | |
| , | | | 4. If Ar | nendment, Date of | Original Filed (| Month/Day/Year) | | idual or Joint/Group | Filing (Check A | pplicable | | |
| (Street) EMERYVILLE | CA | 94608 | | | | | Line) | Form filed by One Form filed by Mor Person | | | | |
| (City) | (State) | (Zip) | | | | | | F erson | | | | |
| | | Table I - Non | -Derivative S | ecurities Acq | uired, Disp | osed of, or Benefi | cially (| Owned | | | | |
| 1 Title of Coourity | (Instr 2) | | 2 Transaction | 24 Deemed | 2 | 4 Securities Acquired (A) | l or | E Amount of | 6 Ownership | 7 Noturo | | |

| 1. Title of Security (Instr. 3) | Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | 4. Securities / Disposed Of (5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--------------------------|---|------------------------------|-------|--|---------------|-------|------------------------------------|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |

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

| | (cigi, puto, varianto, optiono, convertible securities) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--------|-----|--|--------------------|---|--|---|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Ex | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$14.14 | 05/10/2004 | | A | | 30,000 | | (1) | 05/10/2014 | Common Stock | 30,000 | \$0 | 30,000 | D | |

Explanation of Responses:

1. The option becomes exercisable in three equal annual installments on May 10, 2005, 2006, and 2007.

/s/ Annette J. Campbell-White 05/10/2004

Date

** Signature of Reporting Person

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).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.