

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

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person				*	2. Issuer Name <b>and</b> Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
KOVACH SU	SAN A			]	LII	BBE	ΥI	NC [	L	BY ]	]								
(Last) (First) (Middle)  900 VICTORS WAY SUITE 350, STE 101													OD/YYYY	Director 10% Owner X Officer (give title below) Other (specify below) VP,General Counsel & Secretary					
	(Street)	100				f Ame		nent, I	Dat	te Orig	ginal	File	ed		5. Individi Applicable Li		nt/Group l	Filing (Che	eck
ANN ARBOR (City)	(State)		Zip)														Reporting Pe than One Rep		n
		Tabl	e I - Non	-Deri	vat	ive Se	ecui	rities A	Ac	quire	d, Di	spo	sed of,	or Be	eneficially	y Owned	l		
1.Title of Security (Instr. 3)				2. Tr Date	ans.	2A. Deeme Execu Date, any	tion	3. Tran Code (Instr. 8		4. Sec (A) or (Instr.	Dispo 3, 4 at (A) or	sed ond 5)	f (D)		ng Reported		ially Owned	Ownership Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock				6/6/2	2006	6/6/20	06	A		0.9461	+	+	.41 (1)		115	0.3567		D	
Common Stock															920	5.9278		I	by 401(k) plan
Tab	le II - De	rivativ	e Securi	ties B	ene	eficial	ly C	)wned	l (	<b>e.g.</b> , ]	puts,	, cal	ls, war	rants	, options,	, convert	ible secur	rities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A.	4. Tran Code	s. 5 I 3) S	Number of Derivative ecurities acquired (A) Disposed of (Instr. 3, 4 and		f 6. E:	6. Date Exer Expiration D			ocisable and 7. Title Secure Deriv		e and Amount of ities Underlying ative Security 3 and 4)			9. Number of derivative Securities Beneficially Owned Following		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(I		ate xer	cisable	Expira Date	ition	Title		ount or aber of res		Reported Transaction (s) (Instr. 4)	(I) (Instr.	
Non-Qualified Stock Option (right to buy)	\$11.79							12		<b>/2006</b> (2)	12/8/2	015	Commo	n	11000		11000	D	
Non-Qualified Stock Option (right to buy)	\$20.39									(3)	12/11/	2014	Commo	n	9500		9500	D	
Non-Qualified Stock Option (right to buy)	\$28.53									(3)	12/16/	2013	Commo Stock	n	12500		12500	D	

## **Explanation of Responses:**

- (1) Libbey Inc. paid a dividend to shareholders on June 6, 2006. The shares were acquired under the Libbey Inc. Employee Stock Purchase Plan.
- (2) The options become exercisable for 40% of the shares on the first anniversary and 20% of the shares on the second, third and fourth anniversary dates.
- (3) On December 6, 2005 the Board of Directors approved a motion to accelerate the vesting of all outstanding and unvested stock options that were awarded from 2002 - 2004.

**Reporting Owners** 

Paparting Owner Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
KOVACH SUSAN A										
900 VICTORS WAY SUITE 350										
			VP,General Counsel & Secretary	7						
STE 101										
ANN ARBOR, MI 48108										

## **Signatures**

By: Wendy Daudelin, Attorney in fact For: Susan A. Kovach

\*\* Grant of Proceedings Procedure Proce

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 control number.

<sup>\*\*</sup> Signature of Reporting Person