MANITOWOC CO INC

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 1/24/2005 For Period Ending 1/21/2005

Address P O BOX 66

MANITOWOC, Wisconsin 54221-0066

Telephone 920-684-4410 CIK 0000061986

Industry Constr. & Agric. Machinery

Sector Capital Goods

Fiscal Year 12/31





[] 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

OMB APPROVAL OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

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 Add		•	ng Person									•	Ì.	onship of l ll applicat		Person(s)	to Issuer
(Last) (First) (Middle)				,	MANITOWOC CO INC [MTW] 3. Date of Earliest Transaction (MM/DD/YYYY)						1 77	Direc X Off below)	Director 10% Owner Officer (give title below) Other (specify				
2400 SOUTH	44TH \$	STR	EET				1/2	21/	/2005				Presiden	t Foodsei	vice Grou	ıp	
	(Street)										1		6. Individual or Joint/Group Filing (Check Applicable Line)				
MANITOWOC, WI 54221-0066 (City) (State) (Zip)													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	ole I - Nor	ı-Deri	ivativ	e Securi	ities A	eqi	uired, I	Dis	pos	ed o	f, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)				2. To		2A. Deemed Execution Date, if any	Code (A) or Disp (Instr. 8) (D) (Instr. 3, 4 a			ispo	osed of Follow (Instr. 3			ount of Securities Beneficially Owned ing Reported Transaction(s) 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)
						·	Code		Amount	or (D)	or					(I) (Instr. 4)	
Common Stock 1/2				1/21	21/2005		A		0.0003	A	\$35	5.51	101	10136.9973		D	
Common Stock													14257.9109 ⁽¹⁾		I	RSVP 401k Plan	
Tal	ole II - De	rivati	ive Securi	ties B	enef	icially O	wned (e.,	<i>g</i> . , put	s, (calls	s, wa	arrants, option	s, convert	ible secur	ities)	•
1. Title of Derivate Security (Instr. 3)		erivative	Execution Date, if any	1. Γrans. Code Instr. 8)	Deriv Secur Acqu Dispe	nmber of vative rities hired (A) or osed of (D)	6. Date Exercisable and Expiration Date				7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		Underlying e Security nd 4)	8. Price of Derivative of derivative (Instr. 5) Security (Instr. 5) Securities Beneficially Owned Following Reported Transaction		10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficial
				Code V	(A)	(D)	Date Exercise	able	Expirati Date	ion	Title	Amo Shar	ount or Number of res		(s) (Instr. 4)	7)	

Explanation of Responses:

Consists of shares held under the Company's 401(k) plan, The Manitowoc Company, Inc. RSVP Profit Sharing Plan, including 82.3609 shares acquired in transactions occurring between 12/31/03 and 12/31/04, which are exempt from Section 16(b) pursuant to Rule 16b-3 (1) and exempt from reporting pursuant to Rule 16a-3(f)(1)(i)(B). The information in this report is based on a plan statement dated as of 12/31/04. From time to time the plan administrator collects maintenance fees related to the RSVP Plan, which may result in the number of shares held by a participant in the RSVP Plan declining by a marginal amount.

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Reporting Owner Name /	Relationships						
1 0	II Director	10% Owner	Officer	Other			
KRAUS TIMOTHY J 2400 SOUTH 44TH STREET MANITOWOC, WI 54221-			President Foodservice Group				

Signatures

Maurice D. Jones, by Power of Attorney

1/24/2005

** Signature of Reporting Person Date

0066

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.

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