SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1. Name and Address of Reporting Person [*] HENNING MICHAEL A		2. Date of Even Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol LANDSTAR SYSTEM INC [LSTR]						
(Last) (First) (Middle)		07/18/2007			elationship of Reporting Per eck all applicable) 🏹 Director	on(s) to Issu 10% Owne		. If Amendment, Date of Original Filed Month/Day/Year) . Individual or Joint/Group Filing (Check		
(Street) JACKSONVILLE FL	32224 Zip)				Officer (give title below)	Other (spe below)	ecify A	A Person Form filed b	blicable Line) X Form filed by One Reporting	
	T	able I - Nor	n-Derivat	ive S	ecurities Beneficiall	y Owned	· · ·			
1. Title of Security (Instr. 4)			1-	Beneficially Owned (Instr. 4) F		· ·		. Nature of Indirect Beneficial Ownership nstr. 5)		
	(e.ç				urities Beneficially options, convertible		s)			
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Secur 4)			4. Conversi or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	n Title	9	Amount or Number of Shares	Exercise Price of Derivativ Security	or Indirect		

Explanation of Responses:

No securities are beneficially owned.

L. Kevin Stout, Attorney-in-07/26/2007 fact

** Signature of Reporting Person Date

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 5 (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.