

### **U-HAUL HOLDING CO /NV/**

# Reported by SHOEN EDWARD J

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 01/06/09 for the Period Ending 01/02/09

Address 5555 KIETZKE LANE STE 100

RENO, NV, 89511

Telephone 7756886300

CIK 0000004457

Symbol UHAL

SIC Code 7510 - Services-Auto Rental and Leasing (No Drivers)

Industry Ground Freight & Logistics

Sector Industrials

Fiscal Year 03/31





[] 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

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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 or Section 30(h) 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					
SHOEN EDWARD J				Αľ	AMERCO /NV/ [ UHAL ]								(Check all applicable)					
(Last)	(First		(liddle)		3. Date of Earliest Transaction (MM/DD/YYYY)								X _ Director		X_	10% Owne	r	
(Last)	(11130	.) (14	iiddic)									X Officer (g		ow)	Other (speci	fy below)		
1325 AIRMOTIVE WAY, SUITE 100					1/2/2009								Chairman, P	resident				
	(Stre	eet)			4. ]	If An	nendme	nt, Date C	)rigi	nal Fil	ed (MM/D	D/YY	YY)	6. Individual o	or Joint/G	roup Filing	(Check App	icable Line)
RENO, NV 89502 (City) (State) (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person						
			Table	I - Non	-Der	ivati	ive Seci	urities Ac	quir	red, Di	sposed o	f, or	Be	neficially Own	ed			
1. Title of Security (Instr. 3) 2. Trans.			2. Trans. I		2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de	or Disp	osed of (D) 3, 4 and 5)	sed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
								Code	V	Amour	(A) or (D)	Pric	e				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				1/2/200	9	1/2/	/2009	S		30000	D	\$34.5	3	1	75050		D	
Common Stock														3.	278631		I	EJS-028 Trust
Common Stock													4342			I	ESOP Trust Fund	
	Tab	le II - Dei	rivative	Securit	ties l	Bene	ficially	Owned (	e.g.	, puts	, calls, w	arrai	nts,	, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date E	3A. Dee Execution Date, if	ution (Inst		Code	de 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date		7. Title and Amour Securities Underly Derivative Security (Instr. 3 and 4)		Underlying e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			C	ode	V	(A)	(D)	Dat Exe	e rcisable	Expiration Date	Title		nount or Number of ares		Reported Transaction(s) (Instr. 4)	or Indirect	

#### **Explanation of Responses:**

#### **Reporting Owners**

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
SHOEN EDWARD J 1325 AIRMOTIVE WAY SUITE 100 RENO, NV 89502	X		Chairman, President					

#### **Signatures**

Edward J. Shoen	1/6/2009
** 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 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.