

## U-HAUL HOLDING CO /NV/

# Reported by **DE RESPINO LAURENCE J**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

#### Filed 09/26/11 for the Period Ending 09/23/11

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.  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |          |                 |          |  |   |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                      |   |   |  |
|---|---|-------------|--------|---|---|--|----------|-----------------|----------|--|---|---|--|---|--------------------------------------|---|---|--|
| De Respino Laurence J  (Last) (First) (Middle)  1325 AIRMOTIVE WAY, SUITE 100 |   |             |        |   | AMERCO /NV/ [ UHAL ]  3. Date of Earliest Transaction (MM/DD/YYYY)  9/23/2011 |  |          |                 |          |  |   | Offic   | Director 10% Owner Officer (give title below) X Other (specify below)  General Counsel |   |                                      |   |   |  |
| (Street)  |   |             |        | 4.                                      | 4. If Amendment, Date Original Filed (MM/DD/YYYY)                             |  |          |                 |          |  | YY) 6. Individ  | 6. Individual or Joint/Group Filing (Check Applicable Line)                             |  |   |                                      |   |   |  |
| RENO, NV 89502 (City) (State) (Zip)   |   |             |        |   |   |  |          |                 |          |  |   | _ X _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person |  |   |                                      |   |   |  |
|   |   |             | Tabl   | e I - No                                | on-De   | rivat  | ive Sec  | curities A      | .cqui    | ired, Di                                   | sposed o  | of, or  | Beneficially (   | Owned   | l                                    |   |   |  |
| 1. Title of Security (Instr. 3)   |   |             |        | 2A. Deemed<br>Execution<br>Date, if any |   | 3. Trans. Code<br>(Instr. 8)                       |          | Disposed of (D) |          | Following Re                               | 5. Amount of Securities Beneficially Owned<br>Following Reported Transaction(s)<br>(Instr. 3 and 4) |   |  | Ownership of<br>Form: Be  | Beneficial                           |   |   |  |
|   |   |             |        |   |   |  |          | Code            | V        | Amount                                     | (A) or<br>(D)   | Price   | :  |   |                                      |   |   | Ownership<br>(Instr. 4)  |
| Common Stock  |   |             |        | 9/23/20                                 | 011   | 9/23/  | 2011     | P               |          | 400.0000                                   | A   | \$61.770  | 00   | 400   | .0000                                |   | D   |  |
| Common Stock  |   |             |        |   |   |  |          |                 |          |  |   |   |  | 586   | 5.0000                               |   | I   | ESOP<br>Trust<br>Fund  |
|   | Tab   | le II - Der | ivativ | e Secu                                  | rities  | Bene   | ficially | y Owned         | ( e.g    | , puts,                                    | calls, w  | arrar   | ıts, options, c  | onvert  | tible sec                            | urities)  |   |  |
| 1. Title of Derivate<br>Security<br>(Instr. 3)                                | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | Date Exe    | Execu  |   |   | Acqu<br>Disp                                       |          |                 |          | 6. Date Exercisable and<br>Expiration Date |   | Secur<br>Deriv  | e and Amount of<br>ities Underlying<br>ative Security<br>3 and 4)                      | D<br>S  | Derivative<br>Security<br>(Instr. 5) | derivative<br>Securities<br>Beneficially<br>Owned     | Ownership<br>Form of<br>Derivative<br>Security: | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   | Security  |             |        |   | Code  | v  | (A)      | (D)             | Da<br>Ex | ate<br>sercisable                          | Expiration<br>Date  | Title   | Amount or Numb<br>Shares   | per of  |                                      | Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4)  |  |

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

Reporting Owners

| Panarting Owner Name / Address   | Relationships |           |         |                 |  |  |  |  |
|--|---------------|-----------|---------|-----------------|--|--|--|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer | Other           |  |  |  |  |
| De Respino Laurence J<br>1325 AIRMOTIVE WAY<br>SUITE 100<br>RENO, NV 89502 |               |           |         | General Counsel |  |  |  |  |

#### **Signatures**

| /s/ Laurence J. De Respino       | 9/26/2011 |  |  |
|----------------------------------|-----------|--|--|
| ** 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.