

## U-HAUL HOLDING CO /NV/ Reported by

# DE RESPINO LAURENCE J

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 09/19/12 for the Period Ending 09/18/12

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

OMB APPROVAL OMB Number: 3235-0287 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 Address of Reporting Person *														5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
De Respino I	aurence	e J		ļ	AM	ERCO	/NV	/ [	UHA	$\mathbf{L}$								
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								Y) Directo	Director 10% Owner				
													Office below)	Officer (give title below)X Other (specify				
1325 AIRM(	TIVE V	VAY	, SUITE	,			9.	/18	8/2012	2			General (	Counsel				
100																		
(Street)														6. Individual or Joint/Group Filing (Check Applicable Line)				
RENO, NV 8	39502																	
(City) (State) (Zip)														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
														-	•			
		Tab	ole I - Non	-Deri	ivativ	ve Secui	ities A	\c	quired,	Dis	spos	sed of,	or Beneficially	y Owned				
1.Title of Security (Instr. 3)				2. Tr Date		2A. Deemed Execution	3. Trans. Code (Instr. 8)		4. Securities a or Disposed of (Instr. 3, 4 an		of (D) Own of 5)		5. Amount of Secu Owned Following			Ownership Form:	Beneficial	
						Date, if any	Code	v	Amount	(A)		Price	(Instr. 3 and 4)			Ownership (Instr. 4)		
Common Stock				9/18/	/2012	9/18/2012	s	Ť	200.000	+`	+	04.7500	(	0.0000		D		
Common Stock													65	51.0000		I	ESOP Trust Fund	
<b>TD</b>	11 H B	• ,		· n		11 .		,	•						•1 1	•4•		
	1	1						_			_		rants, options				11 27 .	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution C	rans. ode nstr. 8)	5. Number of Derivative Securities Acquired (A) o Disposed of (D (Instr. 3, 4 and		and Expiration Date				7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		nderlying ecurity	Derivative	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					5)											(I) (Instr.		
			C	ode V	(A) (D)		Date Exerc	isal	Expirate Date	Expiration Date		Amour Shares	nt or Number of		Transaction (s) (Instr. 4)	(4)		

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

**Reporting Owners** 

Describe Common Name / Address		Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other						
De Respino Laurence J 1325 AIRMOTIVE WAY SUITE 100				General Counsel						
RENO. NV 89502										

#### **Signatures**

/s/ Laurence J. De Respino

9/19/2012

Date

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

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.