

SEC FORM 4

SEC Form 4

<b>FORM 4</b>	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549	<b>OMB APPROVAL</b> OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5
<input type="checkbox"/> Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP</b>  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(h) of the Investment Company Act of 1940	

<b>1. Name and Address of Reporting Person*</b> <input style="width:100%;" type="text" value="COPE ROBERT S"/> <hr/> <div style="display: flex; justify-content: space-between;"> <input style="width:30%;" type="text" value="(Last)"/> <input style="width:30%;" type="text" value="(First)"/> <input style="width:30%;" type="text" value="(Middle)"/> </div> <input style="width:100%;" type="text" value="3201 TEMPLE AVE"/> <hr/> <div style="display: flex; justify-content: space-between;"> <input style="width:30%;" type="text" value="POMONA"/> <input style="width:30%;" type="text" value="CA"/> <input style="width:30%;" type="text" value="91768"/> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <input style="width:30%;" type="text" value="(City)"/> <input style="width:30%;" type="text" value="(State)"/> <input style="width:30%;" type="text" value="(Zip)"/> </div>	<b>2. Issuer Name and Ticker or Trading Symbol</b> <input style="width:100%;" type="text" value="AUTO GRAPHICS INC [ AUGR ]"/> <hr/> <b>3. Date of Earliest Transaction (Month/Day/Year)</b> <input style="width:100%;" type="text" value="02/25/2003"/> <hr/> <b>4. If Amendment, Date of Original Filed (Month/Day/Year)</b> <input style="width:100%;" type="text" value=""/>	<b>5. Relationship of Reporting Person(s) to Issuer</b> (Check all applicable) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:50%;">Director</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="width:50%;">10% Owner</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Officer (give title below)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other (specify below)</td> </tr> </table> <hr/> <b>6. Individual or Joint/Group Filing (Check Applicable Line)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Form filed by One Reporting Person</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Form filed by More than One Reporting Person</td> </tr> </table>	<input checked="" type="checkbox"/>	Director	<input checked="" type="checkbox"/>	10% Owner	<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	Other (specify below)	<input checked="" type="checkbox"/>	Form filed by One Reporting Person	<input type="checkbox"/>	Form filed by More than One Reporting Person
<input checked="" type="checkbox"/>	Director	<input checked="" type="checkbox"/>	10% Owner											
<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	Other (specify below)											
<input checked="" type="checkbox"/>	Form filed by One Reporting Person													
<input type="checkbox"/>	Form filed by More than One Reporting Person													

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Warrants	\$0.01	02/25/2003		J	(1)	310,626		02/25/2003	02/25/2008	Common Stock	310,626	\$0.01	2,303,809	I	Trust

**Explanation of Responses:**

1. Reimbursement by the Company for premium paid to purchase stock in settlement of a lawsuit.

[Robert S. Cope](#)

[07/31/2003](#)

\*\* 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 Number.**