	UNITED STA	ATES SECURITIES / Washington, I			SSION						
FORM 5 Check th: subject 1 Form 5 of See Instr Form 3 Ho Form 4 Ho	OMB APPROVAL OMB Number: 3235-0287 Expires: September 30, 1998 Estimated average burden hours per response1.0										
(Print or ⁻	Гуре Responses)										
	STATEMENT	OF CHANGES IN I	BENEFICIAL	OWNERSH	[P						
	of 1934, Sectior	to Section 16(a 17(a) of the P Lon 30(f)of the 1	ublic Util	ity Holdi	ing Company	Act					
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol 6. Relationship of Reporting Person(s)								
Segall (Last)	Paul (First)	E. (Middle)	3.	IRS or S Number o	Inc. (BTIM) Social Secur of Reporting (Voluntary)	ity 4. Stat Mont 6/	ement for <u>X</u> h/Year	Issuer (Check Director Officer(giv title below Chief Executiv) specify below)		
935 Pardee (Street)	Street		5.	If Ameno	dment,		7. I	ndividual or J	oint/Group Filing		
Berkeley (City)	CA (State)	94710 (Zip)			Original n/Year)		() _X_F(F	Check Applicab	le Line) ne Reporting Person ore than One		
Common Sha no par valu	res, Je	action Date (Month/ Day/ Year) 6/98		3) (1	or Disposed Instr. 3, 4 (A)o Amount (D)	and 5) - Price	Securities Beneficially Owned at End of Issuer Fiscal Year Inst. 3 and 4	İndirect) (I) (Instr. 4 D	Indirect Beneficial Ownership) Instr. 4)		
Common Sha no par valu	ue ,	6/98					192,537	I	owned by spouse		
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). (Over) SEC 2270(7-97)											
FORM 5 (co	ntinued)										
		ecurities Acquiro Ls, warrants, op				Ly Owned					
	f Derivative Sec str. 3)	curity 2. Conve sion (Exerc: Price Deri- vativ Secur:	or ise of e	Trans- action Date Month/ Day/ Year)	4. Trans- action Code (Instr.	ative quire 3) posed	r of Deriv- Securities Ac- d (A) or Dis- of (D) . 3, 4 and 5) (D)	Expirati Date (Month/Da Year) Date	and on		
						()	. /		Date		

_

.

- - - -

7. Title and Amount of Underlying Securities (Instr. 3 and 4)			Price of Deriv- ative Secur-	9.	Number of deriv- ative Secur- ities	10	10.0wner- ship Form of Deriv- ative		Nature of Indirect Benefi- cial
Title	Amount or Number of Shares		ity (Instr. 5)		Bene- ficially Owned at End of Year (Instr. 4)		Security: Direct (D)or Indirect (I) (Instr. 4)	(Owner- ship Instr.4)

Explanation of Responses:

** 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a valid OMB Number.

/s/Paul E. Segall **Signature of Reporting Person 8/03/98 Date _ _ _ _ _ _ _ _ _ _ _ _ _ _ _