(Street)

(City)

**GREENWICH** 

CT

(State)

06830

(Zip)

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden er response: 0.5

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						16(a) of the Securities Exchange the Investment Company Act of						
1. Name and Address GENDELL JE			F (1	2. Date of Event Requiring Staten Month/Day/Year 01/09/2004	nent	3. Issuer Name and Ticker or T FOSTER L B CO [ FS	rading Symbol					
(Last) (First) (Middle) 55 RAILROAD AVENUE				01/03/2004		Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
3RD FLOOR  (Street)  GREENWICH C	Г	06830				Officer (give title below)  See footnot	X Other (spe below) re (1)	ecify	Applica v	ble Line) Form filed b	nt/Group Filing (Choose One Reporting For More than One Person	Person
(City) (St	ate)	(Zip)										
			Т	able I - Non	-Derivat	ive Securities Beneficia	ally Owned					
1. Title of Security (I	nstr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owners Form: Dire or Indirect (Instr. 5)	ct (D)	4. Nature (Instr. 5)		t Beneficial Owne	ership
Common Stock						1,107,236	<b>I</b> (1)(2	)	See foo	tnotes <sup>(1)(2)</sup>		
			(e.c			e Securities Beneficially ants, options, convertib		es)				
1. Title of Derivative	Security (In	str. 4)		2. Date Exerc Expiration Da (Month/Day/)	isable and	1	urities	4. Conver	cise F	wnership orm:	6. Nature of Ind Beneficial Own (Instr. 5)	
				Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price o Derivat Securit	ive o	oirect (D) r Indirect ) (Instr. 5)		
1. Name and Address GENDELL JE							·	•	·			
(Last) 55 RAILROAD A 3RD FLOOR	(First)		(Middle)									
(Street) GREENWICH	СТ		06830									
(City)	(State)		(Zip)									
1. Name and Address TONTINE PA												
(Last) 55 RAILROAD A	(First) AVENUE 3	RD FLOOF	(Middle)									
(Street) GREENWICH	СТ		06830									
(City)	(State)		(Zip)									
1. Name and Address TONTINE MA			<u>.c</u>									
(Last) 55 RAILROAD A	(First)	RD FLOOI	(Middle)									

1. Name and Address TONTINE OV		on* SSOCIATES LLC							
(Last)	(First)	(Middle)							
55 RAILROAD A	VENUE 3RD F	LOOR							
(Street) GREENWICH	CT	06830							
(City)	(State)	(Zip)							
1. Name and Address TONTINE CA		on* NAGEMENT LLC							
(Last)	(First)	(Middle)							
C/O TORTINE PARTNERS LP									
55 RAILRAOD AVENUE 3RD FL									
(Street)									
GREENWICH	CT	06830							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

- 1. This report is filed jointly by Jeffrey L. Gendell, Tontine Partners, L.P. ("TP"), Tontine Management, L.L.C. ("TM"), Tontine Capital Management, L.L.C. ("TCM") and Tontine Overseas Associates, L.L.C. ("TOA"). Mr. Gendell is the managing member of TM and TCM, each a Delaware limited liability company. TM is the general partner of TP, a Delaware limited liability partnership. Mr. Gendell is also the managing member of TOA, a Delaware limited liability company, the investment adviser of Tontine Overseas Fund, Ltd., a Cayman Islands exempted company ("TOF").
- 2. Mr. Gendell indirectly owns 1,107,236 shares of Common Stock. TP directly owns 583,572 shares of Common Stock. TM indirectly owns 583,572 shares of Common Stock. TCM directly owns 112,520 shares of Common Stock. TOA indirectly owns 411,144 shares of Common Stock. Mr. Gendell, TM, TCM and TOA disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest.

<u>/s/ Jeffrey L. Gendell</u> <u>01/16/2004</u>

\*\* 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 5 (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.