VALSPAR CORP

Form 5 December 09, 2016

FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

3235-0362

January 31,

OMB

Number:

Expires:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported 30(h) of the Investment Company Act of 1940

Form 4 Transactions Reported

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer HECKES HOWARD C Symbol VALSPAR CORP [VAL] (Check all applicable) (Last) (First) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) Director 10% Owner _X__ Officer (give title Other (specify 10/28/2016 below) below) P.O. BOX 1461 Executive VP (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year)

(7in)

(check applicable line)

MINNEAPOLIS, MNÂ 55440

(Stata)

(City)

X Form Filed by One Reporting Person ___ Form Filed by More than One Reporting Person

| (City) | (State) | (Zip) Tabl | le I - Non-Der | ivative Se | curitie | es Acqu | iired, Disposed | of, or Benefici | ally 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. Securi Acquired Disposed (Instr. 3, | l (A) o l of (D |) | 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | Â | Â | Â | Â | Â | Â | 45,881 | D | Â |
| Common Stock | 10/28/2016 | Â | J <u>(1)</u> | 201 | A | \$ <u>(1)</u> | 2,288 | I | Savings and Retirement Plan |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

SEC 2270 (9-02)

Edgar Filing: VALSPAR CORP - Form 5

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

of D Se

> Is Fi

| | 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Titl | le and | 8. Price of |
|--|-------------|-------------|---------------------|--------------------|-------------|---------------------|-----------------|-------------|---------|----------|-------------|
| | Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | Number | Expiration D | ate | Amou | ınt of | Derivative |
| | Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | rlying | Security |
| | (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Secur | ities | (Instr. 5) |
| | | Derivative | | | | Securities | | | (Instr. | 3 and 4) | |
| | | Security | | | | Acquired | | | | | |
| | | | | | | (A) or | | | | | |
| | | | | | | Disposed | | | | | |
| | | | | | | of (D) | | | | | |
| | | | | | | (Instr. 3, | | | | | |
| | | | | | | 4, and 5) | | | | | |
| | | | | | | | | | | Amount | |
| | | | | | | | | | | or | |
| | | | | | | Date Exercisable | Expiration Date | Title | Number | | |
| | | | | | | | | | of | | |
| | | | | | | (A) (D) | | | | Shares | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|--------------|-------|--|--|--|
| 1 9 | Director | 10% Owner | Officer | Other | | | |
| HECKES HOWARD C P.O. BOX 1461 MINNEAPOLIS, MN 55440 | Â | Â | Executive VP | Â | | | |

Signatures

/s/ Timothy Beastrom, by Power of Attorney 12/08/2016

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Vested shares in Valspar Savings and Retirement Plan as of allocation date 10/28/2016.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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 currently valid OMB number.

Reporting Owners 2