Form 5						
December 09, 2016 FORM 5			OMB AF	PROVAL		
UNITED STATE Check this box if no longer subject to Section 16	ITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					
Form 3 Holdings Section 17(a) of the	Section 16(a) of the Securities Exchange Public Utility Holding Company Act of) of the Investment Company Act of 19	of 1935 or Section	l			
1. Name and Address of Reporting Person <u>*</u> McCormick Brenda A	2. Issuer Name and Ticker or Trading Symbol VALSPAR CORP [VAL]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) P.O. BOX 1461	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 10/28/2016	Director XOfficer (give below)	10%	Owner r (specify		
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	int/Group Repo	-		

MINNEAPOLIS, MNÂ 55440

VALSPAR CORP

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

(City)	(State)	(Zip) Tabl	e I - Non-Der	ivative Se	curiti	es Acqu	ired, 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, Amount	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	0	D	Â
Common Stock	10/28/2016	Â	J <u>(1)</u>	116	A	\$ <u>(1)</u>	1,859	Ι	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)

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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)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D Se B O E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
McCormick Brenda A P.O. BOX 1461 MINNEAPOLIS, MN 55440	Â	Â	Vice President and Controller	Â				
Signatures								
/s/ Timothy Beastrom, By Power Attorney	er of 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.