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EDISON IN Form 4 March 09, 2	NTERNATIONA	Ĺ								
FOR	ЛЛ								OMB AF	PROVAL
	UNITED	STATES		RITIES ashingtor			ANGE CO	OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSH							Expires:	January 31, 2005		
subject Section Form 4		N BENER RITIES	'ICIA	AL OWN	ERSHIP OF	Estimated a burden hour response	verage			
Form 5 obligations may continue. See Instruction 1(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										
(Print or Type	e Responses)									
SCILACCI W JAMES Symbol			er Name ar DN INTE				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)						(Check	all applicable)
`	t) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner VALNUT GROVE AVENUE 03/08/2016 Officer (give title Other (specify below) below) Exec VP and CFO									
	(Street)			nendment, I	-	al		6. Individual or Joi	nt/Group Filin	g(Check
Filed(Month/Day/Year) Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Form filed by More than One Reporting										
(City)	(State)	(Zip)	Tal	bla I Non	Dorivativ	Soon		Person iired, Disposed of,	or Bonoficial	v Ownod
1.Title of	2. Transaction Date						-	5. Amount of		7. Nature of
(Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit our Dispos (Instr. 3, 4 Amount	ed of (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)
Common Stock	03/08/2016			S	13,174	D	69.0482 (1)	9,240	D	
Common Stock								36,426.0511 (2)	Ι	By Edison 401(k) Savings Plan
Common Stock								634	Ι	By Spouse

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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.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable Date		Number			
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 9	Director	10% Owner	Officer	Other			
SCILACCI W JAMES 2244 WALNUT GROVE AVENUE ROSEMEAD, CA 91770			Exec VP and CFO				

Signatures

/s/ W. James Scilacci	03/09/2016				
<u>**</u> 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).

This transaction was executed in multiple trades at prices ranging from \$68.99 to \$69.12. The price reported reflects the weighted average
 (1) sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares and the separate prices at which the transaction was effected.

(2) The holdings reported herein include transactions pursuant to the Edison 401(k) Savings Plan exempt from reporting under Section 16(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 currently valid OMB number.