VALSPAR CORP

Form 4 June 05, 2017

## FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

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

**OMB** Number:

3235-0287

Expires:

January 31, 2005

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Estimated average burden hours per

**OMB APPROVAL** 

response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

Common

Stock

P.O. BOX 1461

(Print or Type Responses)

1. Name and Address of Reporting Person \* Haugarth Janel S

(First)

(Street)

(Middle)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

VALSPAR CORP [VAL]

3. Date of Earliest Transaction

(Month/Day/Year)

06/01/2017

X\_ Director 10% Owner

(Check all applicable)

Other (specify Officer (give title below)

4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

MINNEAPOLIS, MN 55440

(City) (State) (Zip)

06/01/2017

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) anv (Month/Day/Year)

4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Securities Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4)

D

Reported (A) Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price

D 24,029 113

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: VALSPAR CORP - Form 4

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Nı	umber of	6. Date Exer	cisable and	7. Title and A	Amount of 8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDeri	vative	ve Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Secu	rities	(Month/Day/	(Year)	(Instr. 3 and	4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acqu	iired (A)				(
	Derivative		•		or Di	isposed of				
	Security				(D)	•				
	~					r. 3, 4,				
					and 5					
					una .	·)				
				Code V	(A)	(D)	Date	Expiration	Title	Amount
							Exercisable	Date		or
										Number
										of Shares
Stock	Φ QC 22	06/01/0017		<b>D</b> (1)		10 (00	(2)	10/01/0010	Common	10 (00
Options	\$ 26.32	06/01/2017		$D_{\underline{(1)}}$		12,600	(2)	10/21/2019	Stock	12,600

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
·r· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other			
Haugarth Janel S P.O. BOX 1461 MINNEAPOLIS, MN 55440	X						

# **Signatures**

/s/ Tim Beastom, by Power of Attorney 06/05/2017

\*\*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).
- Pursuant to that certain Agreement and Plan of Merger by and between The Valspar Corporation, The Sherwin-Williams Company ("Sherwin-Williams") and Viking Merger Sub Inc., a wholly owned subsidiary of Sherwin-Williams, each outstanding option was cancelled in exchange for a cash payment equal to the product of (i) the number of shares subject to such option and (ii) the excess of \$113.00 over the exercise price of the option.
- (2) All of such options are fully vested.

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.

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