## Edgar Filing: J M SMUCKER Co - Form 4

J M SMUCK Form 4	LER Co											
June 16, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL			
Check this box							Number:	3235-0287				
if no long subject to Section 1 Form 4 o Form 5		SECURI	ITIES		VNERSHIP OF ge Act of 1934,	Expires: Estimated burden hou response	irs per					
obligation may cont <i>See</i> Instru 1(b).	inue. Section 17		Public Ut of the Inv	•	•	• •		of 1935 or Section 40	on			
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> Mayer John F			2. Issuer Name <b>and</b> Ticker or Trading Symbol J M SMUCKER Co [SJM]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	Middle)	3. Date of Earliest Transaction					(Che	(Check all applicable)			
ONE STRAWBERRY LANE			(Month/Day/Year) 06/12/2015					Director X Officer (giv below) V		6 Owner er (specify		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
ORRVILLE	с, ОН 44667-028	0						Person		-r		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution (Instr. 3) any			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
G				Code V		(D)	Price	(Instr. 3 and 4)				
Common Shares	06/12/2015			А	1,992 (1)	А	\$0	24,512	D			
Common Shares								4,696.2	Ι	By 401(k)		
Common Shares								6,039.566	Ι	By Esop		
Common Shares								37.8	Ι	by Wife $(2)$		

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. etionNumbo of b) Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and	er Expirat (Month tive ties red sed 3,	e Exercisable and tion Date n/Day/Year)	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code	V (A) (I	Date Exercis D)	Expiration sable Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Mayer John F ONE STRAWBERRY LANE ORRVILLE, OH 44667-0280			Vice President					
Signatures								
/s/ Jeannette L. Knudsen, POA	06/1	6/2015						

Date

<u>\*\*</u>Signature of Reporting Person

## **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).

Restricted stock and restricted stock units granted pursuant to The J. M. Smucker Company 2010 Equity and Incentive Compensation Plan generally become unrestricted upon the fourth anniversary of the grant date. The Plan also provides that restricted stock and

- (1) restricted stock units will vest immediately when a participant reaches the age of 60 and the participant has at least 10 years of service with the Company, although 50% of any such restricted stock awards continue to be subject to a 4-year retention period even in the event of retirement.
- (2) I disclaim beneficial ownership of these shares.

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.