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J M SMUC Form 4	KER Co									
February 18	3, 2016									
FORM		STATES SEC	TURITIES	AND EX	СН	ANGE C	OMMISSION		PPROVAL	
			Washingtor					OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the 30(h)			IANGES IN SECU on 16(a) of t	BENEI RITIES he Secur lding Co	FICL ities I mpar	e Act of 1934, 1935 or Section	January 3 Expires: 20 Estimated average burden hours per response 0			
1(b).	D									
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Denman John W			Issuer Name an bol SMUCKER			ling	5. Relationship of Reporting Person(s) to Issuer			
				•	-		(Check all applicable)			
(Last) (First) (Middle) ONE STRAWBERRY LANE			3. Date of Earliest Transaction (Month/Day/Year)02/16/2016				Director 10% Owner X Officer (give title Other (specify below) Vice President, HR Operations			
	(Street)		Amendment, I d(Month/Day/Ye	-	al		6. Individual or Jo Applicable Line) _X_Form filed by C	One Reporting F	Person	
ORRVILL	E, OH 44667-028	0					Form filed by M Person	fore than One F	eporung	
(City)	(State)	(Zip)	Table I - Non-	Derivativ	e Secu	rities Acq	uired, Disposed of	, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code ar) (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	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 Shares	02/16/2016		S	250 <u>(1)</u>	D	\$ 128.54	14,150.125	D		
Common Shares							59.892	Ι	By 401(k)	
Common Shares							3,025.608	Ι	By Esop	
Common Shares							52.843	I	By Grandson, M. J. Eberthardt	

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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 Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	TC ¹ 1	or		
							Date		Number		
				~	(1) (5)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Denman John W ONE STRAWBERRY LANE ORRVILLE, OH 44667-0280			Vice President, HR Operations					
Signatures								
/s/ Jeannette L. Knudsen, POA	02/1	8/2016						

**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).
- (1) This sale was the result of a Rule 10b5-1 trading plan entered into during an open SJM trading window.

Date

- (2) This amount includes shares acquired under (i) the Company's 401(k) plan since the date of the reporting person's last ownership report and (ii) the Company's dividend reinvestment plan as administered by its transfer agent.
- (3) 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.