BEMIS CO INC Form 4 July 16, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number: Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

if no longer

Check this box

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).

(Print or Type Responses)

See Instruction

1. Name and A MANSFIEL	Symbol	2. Issuer Name and Ticker or Trading Symbol BEMIS CO INC [BMS]					5. Relationship of Reporting Person(s) to Issuer		
(Last) ONE NEEN FLOOR, P.0	IAH CENTER, 4TI	(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 07/15/2013				_X_ Director Officer (give below)		Owner r (specify
NEENAH, V		Filed(Mon	ndment, Da hth/Day/Year		1		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person		rson
(City) 1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securi	ties Adisposed 4 and (A) or	cquired d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock	07/15/2013		A	517	A	\$ 41.18	7,611	D	

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: BEMIS CO INC - Form 4

Derivative	Deriv
Security	Secu
(Instr. 5)	Bene
	Own
	Follo
	Repo
	Trans
	(Instr
	,

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

X

MANSFIELD WILLIAM L ONE NEENAH CENTER, 4TH FLOOR P.O. BOX 669 NEENAH, WI 54957

Signatures

Sheri H. Edison Power of Attorney 07/16/2013

**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).

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.

Reporting Owners 2