Edgar Filing: BEMIS CO INC - Form 4

DEMIS CO INC

| Form 4 | INC. | | | | | | | | | | |
|---|--------------------------------------|---|--------------------------------------|----------------|--|--|---------------------|--|--|--------------|--|
| January 19, 2 | 016 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURIT | | | | | | | | | OMB AF | PROVAL | |
| | UNITED |) STATES | | ANTIES A | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 obligation | er STATE | STATEMENT OF CHANGES IN BENEFICIAL OWNERSE SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of Section 17(a) of the Public Utility Holding Company Act of 1935 of | | | | | | e Act of 1934, | Expires: January 31 200 Estimated average burden hours per response 0. | | |
| may conti <i>See</i> Instru 1(b). | nue. | | | vestment | • | · · | | | - | | |
| (Print or Type R | esponses) | | | | | | | | | | |
| NAYAR ARUN Symbol | | | or Name and Ticker or Trading | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| BEMIS | | | | S CO INC [BMS] | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D) ONE NEENAH CENTER, 4TH 01/15/20 FLOOR, P.O. BOX 669 | | | 016 - | | | _X_ Director Officer (give below) | | Owner r (specify | | | |
| (Street) 4. If Amer | | | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| Filed(Mon NEENAH, WI 54957 | | | | nth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Aca | uired, Disposed of | or Beneficial | v Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | ransaction Date 2A. Deemed | | | 4. Securit n(A) or Di (Instr. 3, Amount | ties Ad spose 4 and (A) or | cquired 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 | |
| Common Stock | 01/15/2016 | | | А | 539 | A | \$ 44.14 | 8,839 | D | | |

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)

Edgar Filing: BEMIS CO INC - Form 4

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| NAYAR ARUN ONE NEENAH CENTER, 4TH FLOOR P.O. BOX 669 NEENAH, WI 54957 | х | | | | | | |
| Signatures | | | | | | | |
| Sheri H. Edison Power of Attorney |)1/19/2016 | 5 | | | | | |
| <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).

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.