Edgar Filing: QUINN JEFFRY N - Form 4

| QUINN JEFF Form 4 | | | | | | | | | | |
|--|---|---|---|------------------------|--|--|---|--|--|--|
| February 04, 1 | Л | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b). | Filed purson snue. Section 17(a) | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 | | | | | | | Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and Ac QUINN JEF | Symbol | Issuer Name and Ticker or Trading Symbol Tronox Ltd [TROX] Date of Earliest Transaction (Month/Day/Year) 01/30/2013 | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) ONE STAM TRESSER B | iddle) 3. Date of (Month/Da | | | | | (Check all applicable) <u>X</u> Director <u>Officer (give title</u> <u>below</u>) 0ther (specify <u>below</u>) | | | | |
| | | | . If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | | Zip) Table | I - Non-De | erivative S | ecuri | ties A c | Person quired, Disposed o | f or Beneficial | llv Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transactic Code (Instr. 8) | 4. Securit | ties (A) o of (D 4 and (A) | r) | 5. Amount of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | |
| Common Stock Class A | 01/30/2013 | 01/30/2013 | Code V A | Amount 7,915 (1) | or (D) A | Price \$ 0 | (Instr. 3 and 4) 46,320 | 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)

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

Reporting Owners

| Reporting Owner Name / Addro | ess | Relationships | | | | | | |
|---|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| QUINN JEFFRY N ONE STAMFORD PLAZA 263 TRESSER BLVD. STAMFORD, CT 06901 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ Jeffry N. Quinn | 02/04/2013 | | | | | | | |
| **Signature of | Date | | | | | | | |

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).
- The shares were acquired pursuant to a grant of restricted stock units under the Tronox Limited Management Equity Incentive Plan. The(1) Restricted Shares subject to this grant vest in equal annual portions on each of the next three (3) anniversaries of the grant date provided that the participant is then providing services to the Tronox Limited Board on each such vesting date.

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.