Edgar Filing: SMUCKER TIMOTHY P - Form 4

SMUCKEF Form 4	R TIMOTHY P										
August 17,	2017										
FOR	M 4			DUDUDO					OMB	APPROVAL	
	UNITED	STATES S			S AND E on, D.C. 2			COMMISSION	OMB Number:	3235-0287	
	this box								Expires:	January 31, 2005	
Subject to Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,						Estimated average burden hours per response 0.5		
obligati may co	ions Section 17	(a) of the Pu	ublic U	Jtility H		ompa	ny Act of	f 1935 or Section	n		
(Print or Type	e Responses)										
	Address of Reporting R TIMOTHY P	S	Symbol		and Ticker		ling	5. Relationship of Issuer	Reporting P	erson(s) to	
(Last)	(First)				R Co [SJ	-		(Chec	k all applical	ble)	
	AWBERRY LAN	('Day/Year	t Transactic)	11		below)	title 10 below) rman Emerit		
	(Street)	2	4. If An	nendment,	Date Origi	nal		6. Individual or Jo	oint/Group Fi	ling(Check	
OPPVILI	.E, OH 44667-028	Ι		onth/Day/Y	-			Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting	Person	
								Person			
(City)	(State)	(Zip)	Tal	ble I - Nor	n-Derivativ	ve Secu	urities Acq	uired, Disposed of	, or Benefici	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/		3. Transacti Code (Instr. 8) Code V	iotor Dispos (Instr. 3,	(A) or	(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	08/14/2017	08/15/2017	7	J <u>(1)</u>	18.929	D	\$ 122.55	0	I	By 401(k)	
Common Shares								549,887	D		
Common Shares								66,093	I	By Wife (2)	
Common Shares								95,845.1506	I	By Wife as Trustee fbo Children (2)	
Common Shares								17,143.01	Ι	By Wife As Trustee fbo	

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			Grandchildren (2)
Common Shares	477,798	Ι	Co-trustee Fbo Self
Common Shares	477,798	Ι	Co-trustee Fbo Sister $\frac{(2)}{2}$

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 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,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
SMUCKER TIMOTHY P ONE STRAWBERRY LANE ORRVILLE, OH 44667-0280	Х			Chairman Emeritus			
Signatures							
/s/ Jeannette L.	08/1	7/2017					

/s/ Jeannette L.	08/17/201
Knudsen, POA	00/1//201

**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).

On August 14, 2017, the administrator of the Company's 401(k) plan sold, without direction from the reporting person as to the date of said sale, 18.929 common shares held in the reporting person's account for cash pursuant to the 401(k) plan's de minimis holdings policy

- (1) with respect to terminated participants. The reporting person's prior holdings of common shares within the Company's 401(k) plan were previously distributed in connection with the reporting person's termination from the plan and are now held directly by the reporting person.
- (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.