Edgar Filing: Towers Watson & Co. - Form 4

Towers Watson & Form 4	Co.									
November 21, 2014	4									
FORM 4									PPROVAL	
	UNITED S	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEM Filed pur Section 17(a	suant to S a) of the F	ection 1 Public U	SECUE 6(a) of th	Estimated a burden hou response	irs per				
(Print or Type Response	es)									
1. Name and Address of Reporting Person <u>*</u> HALEY JOHN J			2. Issuer Name and Ticker or Trading Symbol Towers Watson & Co. [TW]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (Fi	irst) (N	Middle)	3. Date o	f Earliest T	ransaction		(Check an applicable)			
901 N. GLEBE ROAD			(Month/Day/Year) 11/19/2014			X Director 10% Owner X Officer (give title Other (specify below) below) CEO and Chair of the Board				
(Str		4. If Amendment, Date Original Filed(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 					
ARLINGTON, VA	A 22203						Person			
(City) (Sta	ate)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	saction Date /Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securiti nAcquired Disposed (Instr. 3, 4 Amount	(A) or 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)	
Reminder: Report on a	separate line	for each cla	iss of seci	urities bene	ficially own	ned directly of	or indirectly.			
	opulate fille			intes bene.	Perso inform requir	ns who rest nation cont ed to respo ys a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 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. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A Disposed of (Instr. 3, 4, 4 5)	f(D)				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Restricted Stock Unit	\$ 0	11/19/2014		А	22.3649 (1)		08/08/1988	08/08/1988	Class A Common Stock	22.36
Restricted Stock Unit	\$ 0	11/19/2014		А	14.9099 (2)		08/08/1988	08/08/1988	Class A Common Stock	14.90

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HALEY JOHN J 901 N. GLEBE ROAD ARLINGTON, VA 22203	Х		CEO and Chair of the Board					
Signatures								
Neil Falis, attorney-in-fact for Mr. Haley		. 11/21/2014						
**Signature of Reporting Person		Dat	e					

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) Includes Restricted Stock Units ("RSUs") and related dividends acquired pursuant to the participant's deferral election under the Towers Watson Non-Qualified Deferred Savings Plan for US Employees (the "Plan").
- (2) Includes Restricted Stock Units ("RSUs") acquired pursuant to the Company's matching contribution on the participant's deferral election pursuant to the terms of the Plan and credited to the participant's account in the form of RSUs under the Plan.

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.