Edgar Filing: CALGON CARBON Corp - Form 4

	ARBON Corp										
Form 4 February 29,	2016										
	ГЛ								OMB AF	PROVAL	
FORM	UNITE) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer										January 31, 2005	
subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP SECURITIES				NERSHIP OF	Estimated a	verage	
Section 16. SECU Form 4 or					111125			burden hou response	rs per 0.5		
Form 5	Filed p	ursuant to S	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	i ooponoo	0.0	
obligatior may conti				•	•	· ·		1935 or Section	n		
<i>See</i> Instru 1(b).	iction	30(h)	of the In	vestment	Compan	y Ac	t of 194	.0			
(Print or Type R	Responses)										
O BRIEN ROBERT P Symbo			Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			CALGO	LGON CARBON Corp [CCC]				(Check all applicable)			
				of Earliest Transaction				D' (10% O			
			-	(Month/Day/Year) 02/25/2016				Director 10% Owner X Officer (give title Other (specify below) below) Exec. VP & COO			
(Street) 4. If An			4. If Ame	mendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mon				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
MOON TO	WNSHIP, PA 1	5108						Form filed by M Form filed by M Person			
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/E			4. Securi on(A) or Di (Instr. 3,	sposed 4 and	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock (1)	02/25/2016			F	535	D	\$ 14.06	136,933	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)

1. Title o Derivativ Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
O BRIEN ROBERT P 3000 GSK DRIVE MOON TOWNSHIP, PA 15108			Exec. VP & COO				
Signatures							
/s/ Chad Whalen, Attorney-in-Fact	02	/29/2016					
**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).
- (1) Disposition of shares of the Company to pay withholding on vesting of previously reported Restricted 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.