

Genovesi John A
Form 3
January 07, 2019

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Genovesi John A		(Month/Day/Year)	ROCKWELL AUTOMATION INC [ROK]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
1201 SOUTH SECOND STREET			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input type="checkbox"/> Officer	<input type="checkbox"/> Other
MILWAUKEE, WI 53204			(give title below)	(specify below)
(City)	(State)	(Zip)	Senior Vice President	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,820 ⁽¹⁾	D	Â
Common Stock	779.5514 ⁽³⁾	I	By savings plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	------------------------------------	---------------------------------	---

Edgar Filing: Genovesi John A - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	12/02/2015 ⁽²⁾	12/02/2024	Common Stock	1,200	\$ 115.69	D	Â
Employee stock option (right to buy)	12/03/2016	12/03/2025	Common Stock	3,400	\$ 104.08	D	Â
Employee Stock Option (Right to Buy)	12/06/2017 ⁽²⁾	12/06/2026	Common Stock	3,600	\$ 136.4	D	Â
Employee stock option (right to buy)	06/05/2018 ⁽²⁾	06/05/2027	Common Stock	1,100	\$ 162.16	D	Â
Employee Stock Option (right to buy)	12/08/2018 ⁽²⁾	12/08/2027	Common Stock	3,900	\$ 192.86	D	Â
Employee stock option (right to buy)	12/04/2019 ⁽²⁾	12/04/2028	Common Stock	5,600	\$ 171.46	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Genovesi John A 1201 SOUTH SECOND STREET MILWAUKEE, WI 53204	Â	Â	Â Senior Vice President	Â

Signatures

Karen A. Balistreri, Attorney-in-fact for John A. Genovesi 01/07/2019

 **Signature of Reporting Person

 Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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 2,020 shares held by the Company to implement restrictions on transfer unless and until certain conditions are met.
- (2) The option vests in three substantially equal annual installments beginning on the date exercisable.
- (3) Shares represented by Company stock fund units acquired under the Company Savings Plan based on information furnished by the Plan Administrator as of 12/31/2018.

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.