## Edgar Filing: ROGERS CORP - Form 4

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Form 4											
July 16, 2015	_								OMB AF	PROVAL	
FORM	UNITE	ED STATES			ND EXC D.C. 205		GE CC	OMMISSION	OMB Number:	3235-0287	
Check thi if no long	ter								Expires:	January 31, 2005	
subject to Section 1 Form 4 or	6. <b>SIAI</b>	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response		
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> DAIGLE ROBERT C			2. Issuer Name <b>and</b> Ticker or Trading Symbol ROGERS CORP [ROG]				5. Relationship of Reporting Person(s) to ssuer				
(Last)	(First)	(Middle)	(Month/D	-	-			(Check all applicable) Director 10% Owner _X Officer (give title Other (specify			
C/O ROGEI CORPORA TECHNOLO 188		PO BOX	07/14/20	)15				elow)	below) ice President	(specify	
				Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ROGERS, C	CT 06263-018	8					-	Form filed by Mo Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecuriti	es Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Ye	ear) Executio any		3. Transactio Code (Instr. 8) Code V	4. Securitio on Dispose (Instr. 3, 4) Amount	d of (Ê	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Capital (Common) Stock	07/14/2015			J <u>(1)</u>	157.011	A	\$ 56.219	32,022.149	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.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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 / Address	Relationships						
F B	Director	10% Owner	Officer	Other			
DAIGLE ROBERT C C/O ROGERS CORPORATION ONE TECHNOLOGY DRIVE PO BOX 188 ROGERS, CT 06263-0188			Sr Vice President				
Signatures							
Michele Penkauskas as Power of Attorney	07/16/20	15					
**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) This report is being filed to report the acquisition of shares (at a discount price) by the reporting person under the Rogers Corporation Global Stock Ownership Plan for Employees (an employee stock purchase plan).
- (2) This total includes an additional 386.45 shares to correct an earlier inaccurately reported number of beneficially owned shares which occurred as a result of a clerical error.

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.