Shama Robert A. Form 4 November 16, 2017

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB

Washington, D.C. 20549

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if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Shama Ro	Address of Reporting bert A.	Person * 2. Issu Symbo	ner Name and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(Last) (First) (Middle)		MARKET CORP [NEU] of Earliest Transaction	(Check all applicable)				
330 SOUT	TH FOURTH STR	*	/Day/Year) /2017	Director 10% Owner Selection Other (specify below) President Afton Chemical Corp				
	(Street)		nendment, Date Original Ionth/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
RICHMO	ND, VA 23219			Form filed by Person		•		
(City)	(State)	(Zip) Ta	ble I - Non-Derivative Securities Ac	quired, Disposed	of, or Benefic	cially Owned		
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D)	5. Amount of Securities	6. Ownership	7. Nature of Indirect		

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 11/14/2017	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3, Amount 90 (1)	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 1,760	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock							9,501.6321 (2)	I	NewMarket Savings Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(2)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date	' Title Nun of	Number		
				C + V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Shama Robert A.

330 SOUTH FOURTH STREET President Afton Chemical Corp

RICHMOND, VA 23219

Signatures

/s/ M. Rudolph West (by POA for Robert 11/16/2017 Shama)

> **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 October 21, 2014, the Compensation Committee of the Board of Directors of NewMarket Corporation (the "Company") approved stock awards to be granted on November 14, 2014 (the "Award Date") pursuant to the Company's 2004 Incentive Compensation and
- Stock Plan. The stock vested on November 14, 2017. The disposition being reported on this Form 4 represents the shares withheld in satisfaction of the withholding tax liability.
- (2) The increase in shares is due to periodic purchases by the Plan Trustee pursuant to 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.

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