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BRUNSWICK	K CORP											
Form 4												
February 12, 2	2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB A	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287 January 31,			
Check this box												
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW				NERSHIP OF	Expires: Estimated	2005 average		
	Section 16. SEC						burden hours per					
Form 4 or									response	•		
Form 5 obligations	^							ge Act of 1934,				
may contin				•	•	• •		f 1935 or Sectio	n			
See Instruct 1(b).	tion	30(h)	of the Inv	vestment	Company	y Act	of 19	40				
(Print or Type Re	sponses)											
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading						g	5. Relationship of Reporting Person(s) to					
LOCKRIDGE	E B RUSSELL		Symbol	l				Issuer				
BRUNS				INSWICK CORP [BC]				(Check all applicable)				
(Last)	(First) (First) (Middle) 3. Date of Earliest Transaction						(che	in un application	<i>c)</i>		
(Month/Da				h/Day/Year)				Director		6 Owner		
	K CORPORAT	TION, 1	02/10/20)16				X Officer (give below)	e title Oth below)	er (specify		
N FIELD CO	URT							· · ·	HUMAN RES	OFFICER		
				Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
								X Form filed by				
LAKE FORE	ST, IL 60045							Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Da	te 2A. Deei	emed 3. 4. Securities					5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	on Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect			
(Instr. 3)		any		Code	Disposed			Beneficially	· /	Beneficial		
		(Month/I	(Instr. 8) (Instr. 3, 4 and 5)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
								Reported	(1130. 4)	(1130.4)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	02/10/2016				5,801			20.276	D			
Stock	02/10/2016			А	(1)	А	\$0	20,376	D			

6,300

(2)

А

\$0 26,676

Α

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

Common

Stock

02/10/2016

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D

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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)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owna 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							
	Director	10% Owner	Officer	Other				
LOCKRIDGE B RUSSELL BRUNSWICK CORPORATION 1 N FIELD COURT LAKE FOREST, IL 60045			VP & CHIEF HUMAN RES OFFICER					
Signatures								
By: Power of Attorney For: /s/ B I Lockridge	Russell		02/12/2016					
<u>**</u> Signature of Reporting Person	n		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) Shares were acquired pursuant to the officer's 2013 performance share grant that vested on February 10, 2016.
- (2) Restricted stock granted under the 2014 Stock Incentive Plan with right to have shares withheld to pay income taxes on lapse of restrictions.

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.