VALSPAR CORP Form 4

June 06, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

OMB Number:

OMB APPROVAL

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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 may continue.

See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * COOK WILLIAM M | | | 2. Issuer Name and Ticker or Trading Symbol VALSPAR CORP [VAL] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|--|---------|----------|---|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | |
| P.O. BOX 1461 | | | (Month/Day/Year) 06/04/2014 | X Director 10% Owner Officer (give title below) Other (specify below) | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Chec | | |
| MINNEAPOLIS, MN 55440 | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |

| (City) | (State) | (Zip) Tab | ole I - Non- | -Derivative Securities Acqu | ired, Disposed of, | or Beneficiall | y Owned |
|--------------------------------------|---|---|--|-----------------------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| common stock | 06/04/2014 | | J | 317 A \$ 75.1845 | 15,969 | D | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

Edgar Filing: VALSPAR CORP - Form 4

| | . Title of | 2. | 3. Transaction Date (Month/Day/Year) | | 4. | 5. | 6. Date Exerc | | 7. Title and | 8. Price of | 9. Nu Deriv |
|---|-------------------------------------|---|--------------------------------------|---|---------------------------------|--|---------------------|--------------------|--|--------------------------------------|---|
| 5 | Derivative Security Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transacti Code (Instr. 8) | orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | s I | | Amount of Underlying Securities (Instr. 3 and 4 | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | | Code V | <i></i> | Date Exercisable | Expiration Date | Title Amour or Number of | er | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|--|--|
| r | Director | 10% Owner | Officer | Other | | | |
| COOK WILLIAM M | | | | | | | |
| P.O. BOX 1461 | X | | | | | | |
| MINNEAPOLIS, MN 55440 | | | | | | | |

Signatures

/s/ Linda Colman, by Power of Attorney 06/06/2014

**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).

Remarks:

J stock distribution for director retainer

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.

Reporting Owners 2