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EDGEWELL PERSONAL CARE Co

Form 3 July 06, 2015

FORM 3

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response...
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 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement EDGEWELL PERSONAL CARE Co [EPC] **BENDER ANTHONY J** (Month/Day/Year) 07/01/2015 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O EDGEWELL PERSONAL (Check all applicable) CARE COMPANY, Â 1350 TIMBERLAKE MANOR 10% Owner Director **PARKWAY** _X__ Officer Other (give title below) (specify below) (Street) 6. Individual or Joint/Group Chief Information Officer Filing(Check Applicable Line) _X_ Form filed by One Reporting Person CHESTERFIELD, Â MOÂ 63017 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 2. Amount of Securities 4. Nature of Indirect Beneficial 1. Title of Security Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (Instr. 5) Â Common Stock D 4,580 Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) owned directly or indirectly. Persons who respond to the collection of information contained in this form are not

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

required to respond unless the form displays a

currently valid OMB control number.

1. Title of Derivative Security
2. Date Exercisable and Securities Underlying Conversion Ownership Derivative Security
3. Title and Amount of Expiration Date Securities Underlying Or Exercise Form of (Instr. 5)

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			(Instr. 4)		Price of	Derivative	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Restricted Stock Equivalent 11/13/2014	(1)	(1)	Common Stock	2,336	\$ 0	D	Â
Restricted Stock Equivalent 11/06/2013	(2)	(2)	Common Stock	862	\$ 0	D	Â
Restricted Stock Equivalent 12/10/2012	(3)	(3)	Common Stock	1,984	\$ 0	D	Â
Restricted Stock Equivalent 02/13/2012	(4)	(4)	Common Stock	327	\$ 0	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
topolong of the randor random	Director	10% Owner	Officer	Other	
BENDER ANTHONY J C/O EDGEWELL PERSONAL CARE COMPANY 1350 TIMBERLAKE MANOR PARKWAY CHESTERFIELD, MO 63017	Â	Â	Chief Information Officer	Â	

Signatures

/s/ Jeffrey Gershowitz, Attorney in Fact

07/06/2015

**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).
- Restricted Stock Equivalents ("RSEs") will vest and convert into shares of Edgewell Personal Care Company ("EPC") Common Stock on (1) 11/13/2016 if Reporting Person is employed on said date or all or a portion may vest upon death, disability, change of control or certain termination events.
- (2) RSE will vest and convert into shares of EPC Common Stock on 11/06/2016 if Reporting Person is employed on said date or all or a portion may vest upon death, disability, change of control or certain termination events.
- (3) RSE will vest and convert into shares of EPC Common Stock on 11/05/2015 if Reporting Person is employed on said date or all or a portion may vest upon death, disability, change of control or certain termination events.
- (4) RSE will vest and convert into shares of EPC Common Stock on 02/13/2016 if Reporting Person is employed on said date or all or a portion may vest upon death, disability, change of control or certain termination events.

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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