Edgar Filing: Owens Corning - Form 4

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| Form 4 | C | | | | | | | | | | |
|---|--|-------------|---|---|----------------|------------|---|--|---|-----------|--|
| October 27, 2014 FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | | |
| Check this if no long subject to Section 10 Form 4 or | F CHANGES IN BENEFICIAL OWNERSHI SECURITIES | | | | | | Expires: Estimated a burden hou response | irs per | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | Is Section | 7(a) of the | | ility Hold | ing Com | pany | Act o | ge Act of 1934, f 1935 or Sectio 40 | 'n | | |
| (Print or Type R | lesponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Conde Cesar | | | 2. Issuer Name and Ticker or Trading Symbol Owens Corning [OC] | | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Chec | | | | k all applicable) | | | | |
| ONE OWENS CORNING PARKWAY | | | (Month/Day/Year) 10/24/2014 | | | | | _X_Director10% Owner Officer (give titleOther (specify below)below) | | | |
| | | | | If Amendment, Date Original led(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| TOLEDO, C | OH 43659 | | | | | | | Form filed by M Person | More than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | any | | emed on Date, if /Day/Year) | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | | | SecuritiesIBeneficially(OwnedI | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | (A) or | р. | Transaction(s) (Instr. 3 and 4) | | | |
| \$.01 Par | | | | Code V | Amount | (D) | Price | | | | |
| Value Common | 10/24/2014 | | | А | 939 <u>(1)</u> | А | \$0 | 939 | 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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 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. Transacti Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|--|--|---|--|
| | | | | Code V | 4, and 5) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Conde Cesar ONE OWENS CORNING PARKWAY TOLEDO, OH 43659 | Х | | | | | | |
| Signatures | | | | | | | |
| Raj B. Dave by POA filed on 8/11/2014 | 10/2 | | | | | | |
| **Signature of Reporting Person | I | 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) Deferred share portion of quarterly Director retainer/fees.

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.