Time Inc. Form 3

May 09, 2014								OMB AF OMB Number:	2PROVAL 3235-0104		
	Ι	NITIAL S	Γ OF BEN SECURI	ENEFICIAL OWNERSHIP OF RITIES			F	Expires: 20 Estimated average burden hours per			
		on 17(a) of	t to Section 1 the Public Ut 0(h) of the In	ility Holdi	ng Compan	y Act of 193			response	is per	0.5
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> BEWKES JEFFREY L			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Syn Time Inc. [TIME]				nbol		
(Last)	(First)	(Middle)	05/09/2014		4. Relationship of Reporting Person(s) to Issuer		5	5. If Amendment, Date Original Filed(Month/Day/Year)			
ONE TIME WARNER CENTER (Street) NEW YORK, NY 10019					(Check X_ Directo Officer (give title belo	Othe	Owner r	Filing _X_ Fo Person	lividual or Joint/Group g(Check Applicable Line) 'orm filed by One Reporting n orm filed by More than One		
								Report	ing Person		
(City)	(State)	(Zip)		Table I - N	Non-Deriva	tive Securit	ies Bei	nefici	ally Owned	l	
1.Title of Security (Instr. 4)			2. Amount of Beneficially (Instr. 4)			3.4. Nature of OwnershipOwnershipOwnershipForm:(Instr. 5)Direct (D)or Indirect(I)(Instr. 5)		rship	Indirect Benef	icial	
Common Sto	ck, par val	lue \$0.01		0		D	Â				
Reminder: Report owned directly o		ate line for ea	ach class of secu	rities benefic	ially S	SEC 1473 (7-02	2)				
	inform require	ation conta ed to respo	pond to the co ained in this fo and unless the MB control nu	orm are not form displ	t						
Τε	able II - Der	ivative Secu	rities Beneficial	lly Owned (e	.g., puts, calls	, warrants, op	tions, co	onvert	ible securities)	
1. Title of Deriv	ative Securit	y 2. Da	ate Exercisable a	nd 3. Title	and Amount c	of 4.	5.		6. Nature	e of Indirect	t

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BEWKES JEFFREY L ONE TIME WARNER CENTER NEW YORK, NY 10019	ÂX	Â	Â	Â			
Signatures							
/s/ Brenda C. Karickhoff for Jeffreg Bewkes	L. 05/09/2014			Ļ			
**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).

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Remarks:

Remarks:

See Exhibit 99- Confirmation of Authority to Prepare, Sign and File Section 16 Reports and Relate

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.