Edgar Filing: WestRock Co - Form 4

WestRock Co	0											
Form 4												
February 04,	2016											
FORM	4		~				OMB AF	PROVAL				
CONVIA UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287		
check this box if no longer									Expires:	January 31, 2005		
subject to		IENT OF	CHAN			CIA	LOW	NERSHIP OF	Estimated average			
Section 16.				SECUR	ITIES				burden hours per response 0.			
Form 4 or Form 5		sugart to S	action 1	6(a) of the	- Securit	ios F	vehang	e Act of 1934,	response			
obligatior	¹⁸ Section $17($						•	² 1935 or Sectior	ı			
may conti <i>See</i> Instru	inue.			vestment	•	· ·			1			
1(b).												
(Print or Type R	Responses)											
1		D *						5 5 1 1. 6	D D			
WILSON ALAN D Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				al: Co IW	ועס							
W				ck Co [W	-			(Check all applicable)				
				e of Earliest Transaction				V D'	100	0		
504 THRAS	HER STREET		(Month/D)	-				X_ Director 10% Owner Officer (give title Other (specify				
504 THRASHER STREET			02/02/2016					below) below)				
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)			Applicable Line)				
NORCROSS, GA 30071								_X_Form filed by One Reporting Person Form filed by More than One Reporting				
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.4. Securities Acquired					6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
(Insu: 5)												
			` `					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	р.	(Instr. 3 and 4)				
Common				Code V	Amount 3,900	(D)	Price \$					
Stock	02/02/2016			А	(1)	А	ф 33.36	4,935	D			
Stoon					_		00100					

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	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNur	nber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Der	ivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Sec	urities			(Instr.	. 3 and 4)		Owne
	Security				Acc	uired						Follo
	•				(A)							Repo
					Dis	posed						Trans
					of (D)						(Instr
					(Ins	tr. 3,						Ì
						nd 5)						
						(The second seco		- · ·	-			
				Code V	/ (A)	(D)		Expiration	Title	Amount		
							Exercisable	Date		or		
										Number		
										of		
										Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh	nips		
	Director	10% Owner	Officer	Other	
WILSON ALAN D 504 THRASHER STREET NORCROSS, GA 30071	Х				
Signatures					
	_		_		

Robert B. McIntosh (attorney-in-fact pursuant to power of attorney previously filed with 02/04/2016 SEC)

**Signature of Reporting Person

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) Grant of restricted stock vesting on first anniversary.

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.

Date