## Edgar Filing: ASHLAND INC. - Form 4

| ASHLAND INC.<br>Form 4                                                                            |                                |                                            |                                                                                 |                                                  |                                                                |                                                                                                                                                                                    |                                                                                                                    |                                                                      |                                                                   |  |
|---------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|--|
| September 16, 20                                                                                  | 15                             |                                            |                                                                                 |                                                  |                                                                |                                                                                                                                                                                    |                                                                                                                    |                                                                      |                                                                   |  |
| FORM 4                                                                                            |                                |                                            |                                                                                 |                                                  |                                                                |                                                                                                                                                                                    |                                                                                                                    |                                                                      | PPROVAL                                                           |  |
|                                                                                                   | UNITED                         | STATES                                     |                                                                                 | RITIES A                                         |                                                                |                                                                                                                                                                                    | COMMISSIO                                                                                                          | N OMB<br>Number:                                                     | 3235-0287                                                         |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations | <b>STATEM</b><br>Filed pur     | Estimated<br>burden hou<br>response        | Expires:January 31,<br>2005Estimated average<br>burden hours per<br>response0.5 |                                                  |                                                                |                                                                                                                                                                                    |                                                                                                                    |                                                                      |                                                                   |  |
| obligations<br>may continue.<br><i>See</i> Instruction<br>1(b).                                   | Section 17(                    |                                            |                                                                                 | Itility Hol<br>nvestmen                          | on                                                             |                                                                                                                                                                                    |                                                                                                                    |                                                                      |                                                                   |  |
| (Print or Type Respon                                                                             | nses)                          |                                            |                                                                                 |                                                  |                                                                |                                                                                                                                                                                    |                                                                                                                    |                                                                      |                                                                   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>MITCHELL SAMUEL J                             |                                |                                            | Symbol                                                                          | er Name <b>an</b><br>AND INC                     |                                                                | Trading                                                                                                                                                                            | 5. Relationship of Reporting Person(s) to Issuer                                                                   |                                                                      |                                                                   |  |
| (Last) (                                                                                          | (Last) (First) (Middle)        |                                            |                                                                                 |                                                  |                                                                |                                                                                                                                                                                    | (Check all applicable)                                                                                             |                                                                      |                                                                   |  |
| 3499 BLAZER PARKWAY                                                                               |                                |                                            | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>09/15/2015               |                                                  |                                                                |                                                                                                                                                                                    | Director 10% Owner<br>X_ Officer (give title Other (specify<br>below) below)<br>Senior Vice President              |                                                                      |                                                                   |  |
| (Street)                                                                                          |                                |                                            | 4. If Amendment, Date Original Filed(Month/Day/Year)                            |                                                  |                                                                | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                                                                                                                    |                                                                      |                                                                   |  |
| LEXINGTON, K                                                                                      | Y 40509                        |                                            |                                                                                 |                                                  |                                                                |                                                                                                                                                                                    | Person                                                                                                             |                                                                      | · · · · · · · · · · · · · · · · · · ·                             |  |
| (City) (                                                                                          | State)                         | (Zip)                                      | Tab                                                                             | le I - Non-                                      | Derivative                                                     | Securities A                                                                                                                                                                       | cquired, Disposed                                                                                                  | of, or Beneficia                                                     | lly Owned                                                         |  |
|                                                                                                   | ansaction Date<br>th/Day/Year) | 2A. Deemo<br>Execution<br>any<br>(Month/Da | Date, if                                                                        | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | 4. Securiti<br>nAcquired<br>Disposed<br>(Instr. 3, 4<br>Amount | (A) or<br>of (D)                                                                                                                                                                   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Reminder: Report on                                                                               | a separate line                | for each cl                                | ass of sec                                                                      | urities bene                                     | ficially own                                                   | ned directly of                                                                                                                                                                    | or indirectly.                                                                                                     |                                                                      |                                                                   |  |
|                                                                                                   | a separate nic                 |                                            |                                                                                 |                                                  | Perso<br>inform<br>requir                                      | ns who rest<br>nation cont<br>ed to respo<br>ys a curre                                                                                                                            | spond to the colle<br>ained in this form<br>ond unless the fo<br>ntly valid OMB co                                 | n are not<br>rm                                                      | SEC 1474<br>(9-02)                                                |  |

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

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.        | 5. Number  | 6. Date Exercisable and | 7. Title and Amount of | 8. Price |
|-------------|-------------|---------------------|--------------------|-----------|------------|-------------------------|------------------------|----------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti | onof       | Expiration Date         | Underlying Securities  | Derivati |
| Security    | or Exercise |                     | any                | Code      | Derivative | (Month/Day/Year)        | (Instr. 3 and 4)       | Security |

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| (Instr. 3)               | Price of<br>Derivative<br>Security | (Month/Day/Year) | (Month/Day/Year) | (Instr. 8)   |     | Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4,<br>and 5) |                     |                    |       |                                        |     | (Instr. 5 |
|--------------------------|------------------------------------|------------------|------------------|--------------|-----|-----------------------------------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----|-----------|
|                          |                                    |                  | Code             | V            | (A) | (D)                                                                               | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |     |           |
| Common<br>Stock<br>Units | \$ 0 <u>(1)</u>                    | 09/15/2015       |                  | J <u>(2)</u> |     | 112                                                                               |                     | (3)                | (3)   | Common<br>Stock                        | 112 | \$ 105    |

## **Reporting Owners**

| Reporting Owner Name / Address                                  | Relationships |            |                       |       |  |  |  |  |
|-----------------------------------------------------------------|---------------|------------|-----------------------|-------|--|--|--|--|
|                                                                 | Director      | 10% Owner  | Officer               | Other |  |  |  |  |
| MITCHELL SAMUEL J<br>3499 BLAZER PARKWAY<br>LEXINGTON, KY 40509 |               |            | Senior Vice President |       |  |  |  |  |
| Signatures                                                      |               |            |                       |       |  |  |  |  |
| /s/ Issa O. Yesufu,<br>Attorney-in-Fact                         |               | 09/16/2015 |                       |       |  |  |  |  |
| **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).
- (1) 1-for-1
- (2) Common Stock Units acquired pursuant to Ashland's Deferred Compensation Plan (the "Plan") and exempt under Rule 16b-3(d). (One (1) Common Stock Unit in the Plan is the equivalent of one (1) share of Ashland Common Stock).
- (3) Subject to any deferral election on timing of distribution by the reporting person under the Plan, the Common Stock Units are payable in Common Stock upon the reporting person's in-service distribution election, retirement or other termination.

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.