### Edgar Filing: MCGOVERN JOHN F - Form 4

MCGOVERN	N JOHN F											
Form 4												
May 20, 2010	0											
FORM	4		GEGUD						r	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box									Expires:	January 31,		
subject to statement of changes in BENEFICIAL						L OW	NERSHIP OF	Estimated a	2005 average			
	Section 16. SECURITIES								burden hours per			
Form 4 or Form 5				$(\cdot) \cdot f + 1$	C	<b>F</b> .	1	- A - + - £ 1024	response	0.5		
obligation	1							ge Act of 1934,	-			
may conti	inue. Section 1			vestment (	•	- ·		f 1935 or Sectio	Π			
See Instru 1(b).	iction	50(II)	of the my	vestment	Compan	y Aci	. 01 194	+0				
1(0).												
(Print or Type R	Responses)											
	ddress of Reportin	ng Person <sup>*</sup>	2. Issuer	Name and	Ticker or '	Гradin	g	-	Reporting Person(s) to			
MCGOVERN JOHN F Symbol Neenah				l				Issuer				
				ah Paper Inc [NP]				(Check all applicable)				
(Last)	(First)	(Middle)	(Middle) 3. Date of Earlies			ansaction			(Check an applicable)			
(Month/D				(onth/Day/Year)				_X_ Director		Owner		
3460 PRESTON RIDGE 05/19/2				9/2010				Officer (give below)	title Othe below)	er (specify		
ROAD, SUI	TE 600											
(Street) 4. If Ame			4. If Amer	nendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mon				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
		~						_X_ Form filed by 0 Form filed by N				
ALPHAREI	FTA, GA 3000	5						Person		1 0		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction D	ate 2A Deer		3.				5. Amount of	6. Ownership	-		
Security	(Month/Day/Yea		ion Date, if Transaction(A) or Disposed of Code (D)					Securities	Form: Direct			
(Instr. 3)		any						Beneficially		Beneficial		
		(Month/I	Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			5)		Indirect (I) Instr. 4)	Ownership (Instr. 4)		
								Reported	(111501. 4)	(11301. 4)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common stock	05/19/2010			А	1,980 (1)	А	\$ 18.9	6,135	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)

# Reporting Owners

#### Edgar Filing: MCGOVERN JOHN F - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCGOVERN JOHN F 3460 PRESTON RIDGE ROAD SUITE 600 ALPHARETTA, GA 30005	Х						
Signatures							
/s/ Steven S. Heinrichs, by Power Attorney	of	05/20/2010					
**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) Represents pre-planned annual grant of restricted stock units pursuant to Neenah Paper, Inc. 2004 Omnibus Stock and Incentive Compensation Plan.

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.