Edgar Filing: W R GRACE & CO - Form 4

| W R GRACE | C & CO | | | | | | | | | |
|--|---|---------------|--|--|------------------|---|---|--|---|--|
| Form 4 May 08, 2015 | 5 | | | | | | | | | |
| | Λ | | | | | | | | PPROVAL | |
| | | | | IES AND EXCHANGE COMMISSION agton, D.C. 20549 | | | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 obligation | Filed purs | uant to Secti | CHANGES IN BENEFICIAL OWNER SECURITIES ection 16(a) of the Securities Exchange Ac Public Utility Holding Company Act of 193 | | | | | Expires: Estimated a burden hou response | irs per | |
| may conti <i>See</i> Instru- 1(b). | nue. | | he Investment (| • | - · | | |)[] | | |
| (Print or Type R | esponses) | | | | | | | | | |
| CAMBRE RONALD C Symbol | | | Issuer Name and nbol R GRACE & C | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (M | | Date of Earliest Tra | - | -1 | | (Che | ck all applicable | e) | |
| | | | nth/Day/Year))7/2015 | | | _X_Director10% Owner Officer (give titleOther (specify below)below) | | | | |
| | | | f Amendment, Dat cd(Month/Day/Year) | ndment, Date Original th/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| COLUMBIA | , MD 21044 | | | | | | Form filed by Person | More than One Re | eporting | |
| (City) | (State) (2 | Zip) | Table I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | urity (Month/Day/Year) Execution Date, if | | Code | TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Stock, par value \$0.01 per share ⁽¹⁾ | 05/07/2015 | | А | 1,042 | A | \$ 0 (2) | 11,042 | 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt 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 | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| CAMBRE RONALD C C/O W. R. GRACE & CO. 7500 GRACE DRIVE COLUMBIA, MD 21044 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Michael W. Conron, Attorney-in-Fact | 05/08/2015 | | | | | | |
| **Signature of Reporting Person | | Date | e | | | | |

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) Each share of Common Stock also represents one Preferred Stock Purchase Right. Each such Right entitles the holder to purchase Preferred Stock or other securities or property upon the occurrence of certain events and subject to certain conditions.
- (2) Issued in partial payment for 2015 retainer.

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.