## Edgar Filing: J M SMUCKER Co - Form 4

| J M SMUCK<br>Form 4                                                                | LER Co                             |                    |                                                        |                                                   |                 |                               |                                                                               |                                                                                                                                         |                                                                                 |              |  |
|------------------------------------------------------------------------------------|------------------------------------|--------------------|--------------------------------------------------------|---------------------------------------------------|-----------------|-------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------|--|
| June 27, 201                                                                       | 6                                  |                    |                                                        |                                                   |                 |                               |                                                                               |                                                                                                                                         |                                                                                 |              |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION                            |                                    |                    |                                                        |                                                   |                 |                               |                                                                               |                                                                                                                                         | OMB AF                                                                          | OMB APPROVAL |  |
| - UNITED STATES SECUR<br>Was                                                       |                                    |                    |                                                        | ITIES AND EXCHANGE COMMISS<br>hington, D.C. 20549 |                 |                               |                                                                               | COMMISSION                                                                                                                              | OMB<br>Number:                                                                  | 3235-0287    |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or           |                                    |                    | F CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES     |                                                   |                 |                               |                                                                               |                                                                                                                                         | Expires: January 3<br>20<br>Estimated average<br>burden hours per<br>response 0 |              |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b).<br>(Print or Type F | ns Section 1<br>inue.<br>action    | 7(a) of the        | Public Ut                                              |                                                   | ling Con        | npany                         | Act of                                                                        | e Act of 1934,<br>7 1935 or Section<br>0                                                                                                | ·                                                                               |              |  |
| DINDO KATHRYN W Symbol                                                             |                                    |                    | r Name <b>and</b> Ticker or Trading<br>[UCKER Co [SJM] |                                                   |                 |                               | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |                                                                                                                                         |                                                                                 |              |  |
| (Last)                                                                             | (First)                            |                    |                                                        |                                                   |                 |                               | (Chee                                                                         | , k un uppricubic)                                                                                                                      |                                                                                 |              |  |
| 218 BROOK BEND DRIVE(Month/D<br>06/23/20                                           |                                    |                    | -                                                      |                                                   |                 |                               | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below)  |                                                                                                                                         |                                                                                 |              |  |
|                                                                                    |                                    |                    |                                                        | ndment, Date Original<br>hth/Day/Year)            |                 |                               |                                                                               | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |                                                                                 |              |  |
| AKRON, OH 44333                                                                    |                                    |                    |                                                        | Form filed<br>Person                              |                 |                               |                                                                               |                                                                                                                                         | More than One Reporting                                                         |              |  |
| (City)                                                                             | (State)                            | (Zip)              | Tabl                                                   | e I - Non-D                                       | erivative       | Securi                        | ities Acq                                                                     | uired, Disposed of                                                                                                                      | , or Beneficial                                                                 | ly Owned     |  |
| 1.Title of<br>Security<br>(Instr. 3)                                               | 2. Transaction D<br>(Month/Day/Yea | r) Executio<br>any | med<br>n Date, if<br>Day/Year)                         | 3.<br>Transactic<br>Code<br>(Instr. 8)            | (Instr. 3,      | isposed<br>4 and<br>(A)<br>or | d of (D)<br>5)                                                                | 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<br>Indirect (I)<br>(Instr. 4)            |              |  |
| Common<br>Shares                                                                   | 06/23/2016                         |                    |                                                        | Code V<br>S                                       | Amount<br>1,466 | (D)<br>D                      | Price<br>\$<br>146.5                                                          | 0                                                                                                                                       | I                                                                               | By Spouse    |  |
| Common<br>Shares                                                                   |                                    |                    |                                                        |                                                   |                 |                               |                                                                               | 0                                                                                                                                       | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | (A) (D)                                                                                                                 | Date<br>Exercisable | Expiration<br>Date | Title                                        | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                           |

## **Reporting Owners**

| Reporting Owner Name / Address                             | Relationships |           |         |       |  |  |  |
|------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
|                                                            | Director      | 10% Owner | Officer | Other |  |  |  |
| DINDO KATHRYN W<br>218 BROOK BEND DRIVE<br>AKRON, OH 44333 | Х             |           |         |       |  |  |  |
| Signatures                                                 |               |           |         |       |  |  |  |
| /s/ Jeannette L.<br>Knudsen, POA                           | 06/2          | 27/2016   |         |       |  |  |  |

\*\*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).

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.