Edgar Filing: SNAP-ON Inc - Form 4

SNAP-ON In Form 4 August 01, 2										
FORM			CUDITIES						PROVAL	
Check this box if no longer subject to Section 16.				RITIES AND EXCHANGE COMMISS shington, D.C. 20549				OMB Number:	3235-0287	
				DENEE				Expires:	January 31, 2005	
				NGES IN BENEFICIAL OWN SECURITIES				Estimated a burden hour	verage	
Form 5 Filed pursuant to Section 16(2) of the Securities Exchange Act of						a Act of 1034	response	0.5		
obligatio	obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section									
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940										
1(b).										
(Print or Type Responses)										
1. Name and Address of Reporting Person *2. IssuerDaniel Karen LSymbol			Issuer Name an nbol	d Ticker or	. Tradii	ıg	5. Relationship of Reporting Person(s) to Issuer			
· · · · · · · · · · · · · · · · · · ·			IAP-ON Inc [SNA]				(Check all applicable)			
(Last)	(First) (N	liddle) 3. I	Date of Earliest T	ransaction			(Cheek	k an applicable)	
(Month/I SNAP-ON INCORPORATED, 2801 07/31/2 - 80TH STREET			nth/Day/Year) 51/2014				X_ Director 10% Owner Officer (give title Other (specify below) below)			
	(Street)	4. I	f Amendment, D	ate Origina	al		6. Individual or Jo	int/Group Filin	g(Check	
			d(Month/Day/Yea	-			Applicable Line)			
KENOSHA	, WI 53143						_X_Form filed by C Form filed by M Person			
(City)	(State) (Zip)	Table I - Non-	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
			Code V	' Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	07/31/2014		A <u>(1)</u>	35	А	\$ 120.2	9,416	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year) (7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units	<u>(2)</u>					(3)	(3)	Common Stock	1,068.112 (4)	
Restricted Stock Units	<u>(2)</u>					(5)	(5)	Common Stock	9,607	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Daniel Karen L SNAP-ON INCORPORATED 2801 - 80TH STREET KENOSHA, WI 53143	Х					
Signatures						

/s/ Ryan S. Lovitz under Power of Attorney for Karen L. Daniel

**Signature of Reporting Person

07/31/2014 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) Payment of fees in stock under the Company's Directors' 1993 Fee Plan.
- (2) 1 for 1.
- (3) Scheduled for issuance after the earliest of January 12, 2015, termination of service as a director, death or upon a change in control.
- (4) Includes 3.959 deferred stock units acquired through exempt dividend reinvestments.

All restrictions lapse upon the earliest of retirement from the Board, death or a change in control; the reporting person will receive the underlying shares upon the earliest of the reporting person's 70th birthday (in which case she will receive them in one lump sum or five (5) equal annual installments depending on the applicable deferral election), death or a change in control.

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.