Edgar Filing: Owens Corning - Form 4

Owens Corning Form 4February 03, 2017FORM 4Check this box if no longer subject to Section 16. Form 4 orCheck this box if no longer subject to Section 16. Form 4 orCheck this box if no longer subject to Section 16. Form 4 orCheck this box if no longer subject to Section 16. Form 4 or							OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5				
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
McMurray Michael C. Symbol			suer Name and Ticker or Trading bl ns Corning [OC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)		3. Date of Earliest Transaction							
				Month/Day/Year) 2/01/2017				Director 10% Owner X Officer (give title Other (specify below) Sr. VP and CFO			
			Amendment, Date Original Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
TOLEDO, OH 43659 Form filed by More than One Reporting Person									porting		
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securit on(A) or Di (Instr. 3, 4	sposed	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
\$.01 Par				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Value Common	02/01/2017			А	10,200 (1)	А	\$0	53,504	D		
\$.01 Par Value Common	02/01/2017			А	7,784 (2)	А	\$ 0	61,288	D		
\$.01 Par Value Common	02/02/2017			F	2,569	D	\$ 54.86	58,719	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	The	of		
				Code V	(Λ) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
McMurray Michael C. ONE OWENS CORNING PARKW TOLEDO, OH 43659	VAY		Sr. VP and CFO						
Signatures									
Raj B. Dave, Attorney-in-Fact	02/03/2017								
**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) Shares of restricted stock granted under the Owens Corning 2016 Stock Plan and pursuant to the Company's Long-Term Incentive Program.
- (2) Awarded in connection with the settlement of performance share units for the three-year performance cycle ended December 31, 2016.

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.