## **IVERSON ANN** Form 3 October 27, 2006 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires:

## **SECURITIES**

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)

1. Name and Address of Reporting Person <u>*</u> IVERSON ANN			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name <b>and</b> Ticker or Trading Symbol Owens Corning [OC]					
(Last) (Fin	rst)	(Middle)	10/19/2006		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
7430 EAST TRAVOIS TRAIL										
(Str	reet) AZÂ 853	377			X Director Officer (give title below	Other		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (Sta	ate)	(Zip)	Tab	ole I - N	on-Derivat	ive Securiti	es Be	neficially Owned		
1.Title of Security (Instr. 4)				eficially C	Securities Dwned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1		
\$.01 Par Value C	Common		0			D	Â			
Reminder: Report on owned directly or ind	-	e line for ead	ch class of securities	beneficia	ally SI	EC 1473 (7-02	)			
	oond to the collec ined in this form nd unless the form IB control numbe	are not m displa	iys a							
Table	II - Deriv	ative Secur	ities Beneficially O	wned (e.g	g., puts, calls,	warrants, opt	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

2005

0.5

Estimated average burden hours per

response...

Shares

(I) (Instr. 5)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
IVERSON ANN 7430 EAST TRAVOIS TRAIL CAREFREE, AZ 85377	ÂX	Â	Â	Â		
Signatures						
Rodney A. Nowland by POA file herewith	ed	10/2	7/2006			
**Signature of Reporting Person		]	Date			

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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.