Edgar Filing: ECOLAB INC. - Form 4

| ECOLAB I | NC. | | | | | | | | | |
|---|---|--|--|-----------|-----------|--|--|--|---|--|
| Form 4 | 017 | | | | | | | | | |
| March 10, 2 | | | | | | | | | PROVAL | |
| FORM | VI 4 UNITED | STATES SI | ECURITIES A Washington | | | ANGE CO | MMISSION | OMB OMB Number: | 3235-0287 | |
| Check t if no lor subject Section Form 4 | CHANGES IN | NGES IN BENEFICIAL OWNERSHIP OI SECURITIES | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | | | |
| Form 5 obligati may con <i>See</i> Inst 1(b). | ons ntinue. Section 17(| (a) of the Pub | tion 16(a) of the tion 16(a) of the the Investment | lding Co | mpar | ny Act of 1 | Act of 1934, 935 or Section | | 0.0 | |
| (Print or Type | Responses) | | | | | | | | | |
| LEVIN JERRY W Symbo | | | issuer ritanie and riener of ritading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (| | Date of Earliest Transaction | | | | (Check all applicable) | | | |
| . , | AB INC., 1 ECO | (N | 10000000000000000000000000000000000000 | Tunsuetro | | _ | _X Director Officer (give ti elow) | | Owner r (specify | |
| | (Street) | | If Amendment, D led(Month/Day/Yea | - | nal | A | . Individual or Joi applicable Line) X_ Form filed by Ou | - | - | |
| SAINT PA | UL, MN 55102 | | | | | – P | Form filed by Mo erson | ore than One Rep | porting | |
| (City) | (State) | (Zip) | Table I - Non- | Derivativ | e Secu | rities Acqui | red, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Dat any (Month/Day/Y | Code Year) (Instr. 8) | | (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 03/08/2017 | | S | 748 | D | \$ 124.4929 | 32,520.96 | 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. 6. Date Exercise orNumber Expiration Dat of (Month/Day/Y Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Title Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| LEVIN JERRY W C/O ECOLAB INC. 1 ECOLAB PLACE SAINT PAUL, MN 55102 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ David F. Duvick, Attorney- Levin | | 03/10/2017 | | | | | | |
| **Signature of Reportin | | 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.