#### **CLYDE TIMOTHY S**

Form 4

March 01, 2010

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Washington, D.C. 20549

Check this box if no longer subject to Section 16.

**SECURITIES** Form 4 or 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

2. Issuer Name and Ticker or Trading

**AVERY DENNISON** 

CORPORATION [AVY]

3. Date of Earliest Transaction

(Print or Type Responses)

1. Name and Address of Reporting Person \*

**CLYDE TIMOTHY S** 

(First)

(Middle)

**AVERY DENNISON** CORPORATION, 150 N. ORANGE

**GROVE** 

(Last)

(Street)

4. If Amendment, Date Original

02/26/2010

Symbol

Filed(Month/Day/Year)

(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Director 10% Owner X\_ Officer (give title Other (specify

below) Group VP, Spec.Mtls.& Convtg.

6. Individual or Joint/Group Filing(Check

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

PASADENA, CA 91103

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (Instr. 4)

Ownership (Instr. 4)

(9-02)

(A)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 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)

### Edgar Filing: CLYDE TIMOTHY S - Form 4

| 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 (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount Underlying Securitic (Instr. 3 and 4) |                              |
|---|---|--------------------------------------|---|---|---------|--|--------------------|---|------------------------------|
|   |   |                                      |   | Code V  | (A) (D) | Date Exercisable   | Expiration<br>Date | Title   | Amou<br>or<br>Numb<br>of Sha |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)    | \$ 31.665   | 02/26/2010                           |   | A   | 55,271  | 02/26/2011(1)  | 02/26/2020         | Common<br>Stock   | 55,2                         |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

CLYDE TIMOTHY S AVERY DENNISON CORPORATION 150 N. ORANGE GROVE PASADENA, CA 91103

Group VP, Spec.Mtls.& Convtg.

### **Signatures**

By: Irene Marquard For: Timothy S. Clyde 03/01/2010

\*\*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) Options are exercisable in four cumulative installments of 25% each year beginning on the first anniversary date of the grant, which is the date given .

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.

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