## Edgar Filing: Owens Corning - Form 4

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Owens Cornin	ng											
Form 4	-											
May 03, 2016												
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION									т	APPROVAL		
	UNITEDS	IAILS							OMB Number:	3235-0287		
Check this			Washington, D.C. 20549						January 31,			
if no longe subject to	ENT OF	F CHANGES IN BENEFICIAL OW SECURITIES					<b>NERSHIP OF</b>	Expires:	2005			
Section 16									Estimated average burden hours per			
Form 4 or									response 0.5			
Form 5 obligation	~ <b>^</b>							ge Act of 1934,				
may conti				•	•			f 1935 or Sectio	n			
See Instruc	ction	30(n) C	of the Inv	estment (	Company	Act	OI 19	40				
1(b).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u></u> 2. I				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
IVERSON ANN Sy			Symbol					Issuer				
			Owens Corning [OC]					(Check all applicable)				
(Last)	(First) (M	iddle)	3. Date of	Earliest Tra	insaction			x	11	,		
				th/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify				
ONE OWENS CORNING 04/29 PARKWAY			04/29/20	9/2016				below) below)				
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
				d(Month/Day/Year)				Applicable Line)				
								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
TOLEDO, O	H 43659							Person		8		
(City)	(State) (2	Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date							5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Month/Day/Year) Execution Date, if any (Month/Day/Year)			onAcquired Disposed				Form: Direct (D) or	Indirect Beneficial		
(1150.5)					(Instr. 3,			Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
\$.01 Par				Coue v	Amount	(D)	Thee					
Value	04/29/2016			А	716 <u>(1)</u>	А	\$0	46,703.337	D			
Common												

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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	umber Expiration Date (Month/Day/Year) erivative ecurities cquired A) or isposed		7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
IVERSON ANN ONE OWENS CORNING PARKWAY TOLEDO, OH 43659	Х							
Signatures								
Raj B. Dave by POA filed on 10/29/2013	05/	/02/2016						
<u>**</u> Signature of Reporting Person		Date						
Explanation of Responses:								

## **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) Deferred share portion of quarterly Director retainer/fees.

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.