Shotto Brian J Form 4 February 04, 2013

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Check this box if no longer subject to Section 16.

William grown, 200 200 17

Number: January 31, 2005

**OMB APPROVAL** 

Section 16.
Form 4 or
Form 5
obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per

obligations
may continue.
See Instruction

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

response... 0.5

1(b).

(Print or Type Responses)

1. Name and A Shotto Brian	Address of Report	rting Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle)	OWENS & MINOR INC/VA/ [OMI]  3. Date of Earliest Transaction	(Check all applicable)		
OWENS & MINOR, INC., 9120 LOCKWOOD BLVD			(Month/Day/Year) 01/31/2013	Director 10% Owner Officer (give title Other (specify below) SVP, Specialty Services		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)		
MECHANI	CSVILLE, V	A 23116		_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acq	uired, Disposed of, or Beneficially Owned		
1 Title of	2 Transaction	Date 2A Dec	omed 3 A Securities	5 Amount of 6 Ownership 7 Nature		

Ownership 7. Nature of orm: Direct Indirect
rm: Direct Indirect
THE PROOF THERE
) or Beneficial
direct (I) Ownership
nstr. 4) (Instr. 4)
) di

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.

SEC 1474

(9-02)

### Edgar Filing: Shotto Brian J - Form 4

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr.	. 3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	T:41-	or Namel		
						Exercisable	Date	Title	Number		
				C-1- V	(A) (D)				of		
				Code v	(A) (D)				Shares		

Relationships

SVP,

Specialty

Services

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other

Shotto Brian J OWENS & MINOR, INC. 9120 LOCKWOOD BLVD MECHANICSVILLE, VA 23116

## **Signatures**

Brian J. Shotto, by Rosemarie W. France, 02/04/2013 **POA** 

> \*\*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) Restricted stock with three year vesting date.
- (2) Restricted stock with five year vesting date.
- Balance includes employee stock purchase plan holdings and/or 401(k) holdings in the Company stock fund not previously reflected in beneficial ownership.

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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