Edgar Filing: MORRISON ROBERT S - Form 4

MORRISON	ROBERT S										
Form 4											
April 29, 201	1										
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
	UNITED	STATES		ITIES A hington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box				······································					Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				NERSHIP OF	·	2005	
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 or					~ .	_			response 0.5		
Form 5 obligation	N C -						-	e Act of 1934,			
may conti	inue. Section 17			•	•	· ·		1935 or Section	1		
<i>See</i> Instru 1(b).	iction	50(II)	of the m	vestment	Compan	y Ac	1 01 194	0			
(Print or Type R	Responses)										
MORRISON ROBERT S Symbol			uer Name and Ticker or Trading d			5. Relationship of Reporting Person(s) to Issuer					
			DIS TOOL WORKS INC				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			XDirector		Owner	
3600 W. LAKE AVENUE (Month/D 04/27/20			-				Officer (give title Other (specify below) below) below)				
(Street) 4. If Amer			endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon GLENVIEW, IL 60026				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
OLLIN VIL V	, IL 00020							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Execution any		3. Transactio Code (Instr. 8)	(Instr. 3,	sposed 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	04/27/2011			Code V A	Amount 606	(D) A	Price \$ 57.67	68,941 <u>(1)</u>	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Title and A Underlying S (Instr. 3 and 4	Securities	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(2)</u>				(2)	(2)	Common Stock	2,353	

Edgar Filing: MORRISON ROBERT S - Form 4

Reporting Owners

Reporting Owner Name / Address		Relationsh	nips				
	Director	10% Owner	Officer	Other			
MORRISON ROBERT S 3600 W. LAKE AVENUE GLENVIEW, IL 60026	Х						
Signatures							
Robert S. Morrison by James H. Wooten, Jr., Senior Vice President, General Counsel & Secretary, Attorney-In-Fact POA on File							

**Signature of Reporting Person

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) Includes 19,047 shares of deferred stock under the ITW Directors' Deferred Fee Plan as of April 27, 2011.

Represents units of phantom stock under the Phantom Stock Plan for non-employee directors as of April 27, 2011. Each unit is equal in(2) value to one share of common stock. The units are not transferable and have no voting rights. Additional units are credited in amounts equivalent to cash dividends paid on the common stock.

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.

Date