Edgar Filing: KNAVISH TIMOTHY M - Form 4

| KNAVISH ' | TIMOTHY M | | | | | | | | | | |
|------------------------|-------------------------------------|-----------------------|------------|-----------------------------|--------------|--|--|------------------------|-------------------------|--|--|
| Form 4 | | | | | | | | | | | |
| June 18, 201 | 18 | | | | | | | | | | |
| FORM | Π Δ | | | | | | | | PPROVAL | | |
| | UNITED | STATES | | RITIES A shington, | | | E COMMISSION | NOMB Number: | 3235-0287 | | |
| Check this box | | | | | | | | Expires: | January 31, | | |
| if no lon subject t | | WNERSHIP OF | | 2005 average | | | | | | | |
| - | Section 16. SECURITIES Estimated av | | | | | | | | | | |
| Form 4 c | | | | | | | | response | | | |
| Form 5 obligatio | · · · · · | | | | | | inge Act of 1934, | | | | |
| may con | | | | • | • | · · | t of 1935 or Section | on | | | |
| See Instr | | 30(h) | of the I | nvestment | Compar | ny Act of | 1940 | | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| (I fint of Type | (csponses) | | | | | | | | | | |
| 1. Name and A | Address of Reporting | Person * | 2 Icen | er Name and | I Ticker or | Trading | 5. Relationship of | of Reporting Per | rson(s) to | | |
| KNAVISH | Symbol | | | Traunig | Issuer | i reporting i ei | 1 0 () | | | | |
| | | | • | JDUSTRI | ES INC | [PPG] | | | | | |
| (I t) | (First) | PPG INDUSTRIES INC [I | | | | [[]0] | (Check all applicable) | | | | |
| (Last) | (First) | (Middle) | | of Earliest Ti Day/Year) | ransaction | | Director | 100 | 7 Owner | | |
| PPG INDU | STRIES, INC., O | ONE PPG | | - | | | Director 10% Owner X Officer (give title Other (specify | | | | |
| PLACE | 5111115, 11 (0., (| 00/13/2 | 2010 | | | below) below) Sr. VP, Industrial Coatings | | | | | |
| | | | | | | | Sr. VP | , Industrial Coat | lings | | |
| | (Street) | | | endment, Da | U | ıl | 6. Individual or . | Joint/Group Fili | ng(Check | | |
| I | | | | onth/Day/Year | r) | | Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| DITTODI ID | GH, PA 15272 | | | | | | | More than One R | | | |
| FILISDUK | UII, FA 15272 | | | | | | Person | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Securities A | Acquired, Disposed | of, or Beneficia | lly Owned | | |
| 1.Title of | 2. Transaction Date | e 2A. Deem | ed | 3. | 4. Securit | ies | 5. Amount of | 6. Ownership | 7. Nature of | | |
| Security | (Month/Day/Year) | Execution Date, if | | 1 | | | Securities | Form: Direct | Indirect | | |
| (Instr. 3) | | any (Month/D | av/Vear) | Code (Instr. 8) | (Instr. 3, 4 | | Beneficially Owned | (D) or Indirect (I) | Beneficial Ownership | | |
| | | (monus) | uy, reur) | (111501.0) | (1150.5, | Tund 5) | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | Reported | | | | |
| | | | | | | or | Transaction(s) | | | | |
| | | | | Code V | Amount | (D) Price | (Instr. 3 and 4) | | | | |
| Reminder: Ret | port on a separate lin | e for each cl | ass of sec | urities benef | icially ow | ned 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 | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of | 8. Pr |
|-------------|-------------|---------------------|--------------------|-----------|--------------|-------------------------|------------------------|-------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orDerivative | Expiration Date | Underlying Securities | Deri |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | Secu |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. | 8) | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | (Inst | |
|---------------------------|------------------------------------|------------|------------------|---------|----|--|-----|---------------------|--------------------|-----------------|-------------------------------------|-------|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock Units | <u>(1)</u> | 06/15/2018 | | Α | | 5.8076 | | (2) | (2) | Common Stock | 5.8076 | \$ 10 |

Reporting Owners

| Reporting Owner Name / Address | | | Relationships | | | | |
|--|------------|------------|---------------|------------------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| KNAVISH TIMOTHY M PPG INDUSTRIES, INC. ONE PPG PLACE PITTSBURGH, PA 15272 | | | Sr. VP, Indu | ustrial Coatings | | | |
| Signatures | | | | | | | |
| /s/ Greg E. Gordon, Attorney-in Knavish | n-Fact for | Timothy M. | | 06/18/2018 | | | |

Date

**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) The security converts to common stock on a one-for-one basis.

(2) After termination of employment with PPG.

(3) Total of all phantom stock units held by the reporting person in the PPG Industries, Inc. Deferred Compensation Plan.

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.