Wlodarczyk Francis Form 3 July 02, 2018

### FORM 3 UNITED STATES

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement ROCKWELL AUTOMATION INC [ROK] A Wlodarczyk Francis (Month/Day/Year) 07/02/2018 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 1201 SOUTH SECOND (Check all applicable) **STREET** (Street) 6. Individual or Joint/Group 10% Owner Director Officer \_ Other Filing(Check Applicable Line) (give title below) (specify below) \_X\_ Form filed by One Reporting **SVP** Person MILWAUKEE, WIÂ 53204 Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 4. Nature of Indirect Beneficial 1. Title of Security 2. Amount of Securities Beneficially Owned Ownership Ownership (Instr. 4) (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Â Common Stock D 3,460 (1) Common Stock 1,147.769 I By savings plan (2) Reminder: Report on a separate line for each class of securities beneficially SEC 1473 (7-02) 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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
Security	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
(Instr. 4)	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	

#### Edgar Filing: Wlodarczyk Francis - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Common Stock Share Equivalents	(4)	(4)	Common Stock	47.5834	\$ 0 (3)	I	Nonqualified savings plan (5)
Employee stock option (right to buy)	12/03/2016(6)	12/03/2025	Common Stock	4,100	\$ 104.08	D	Â
Employee Stock Option (Right to Buy)	12/06/2017(6)	12/06/2026	Common Stock	3,400	\$ 136.4	D	Â
Employee Stock Option (right to buy)	12/08/2018(6)	12/08/2027	Common Stock	2,600	\$ 192.86	D	Â

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b></b>	Director	10% Owner	Officer	Othe		
Wlodarczyk Francis 1201 SOUTH SECOND STREET MILWAUKEE, WI 53204	Â	Â	SVP	Â		

#### **Signatures**

Karen A. Balistreri, Attorney-in-fact for Francis S. Wlodarczyk

07/02/2018

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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 650 shares held by the Company to implement restrictions on transfer unless and until certain conditions are met.
- (2) Shares represented by Company stock fund units acquired under the Company Savings Plan by the reporting person and his spouse based on information furnished by the Plan Administrator as of 6/30/2018.
- (3) Each unit is the economic equivalent of one share of Company common stock.
- (4) The share equivalents are payable in cash upon retirement or after termination of employment.
- (5) Share equivalents represented by Company stock fund units acquired under the Company Nonqualified Savings Plan based on information furnished by the Plan Administrator as of 6/30/2018.
- (6) The option vests in three substantially equal annual installments beginning on the date exercisable.

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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