VALSPAR CORP Form 3 July 07, 2005

#### FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

Expires:

response...

January 31, 2005

0.5

Estimated average burden hours per

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 VALSPAR CORP [VAL] Nolan Donald A (Month/Day/Year) 07/01/2005 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 1101 THIRD STREET SOUTH (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) 10% Owner Director \_X\_ Form filed by One Reporting \_X\_\_ Officer \_ Other Person (give title below) (specify below) MINNEAPOLIS. MNÂ 55415 Form filed by More than One Sr. V.P. 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) D Â common stock 7,696 common stock 3,025 I 401(k) (1) 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

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

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

Edgar Filing: VALSPAR CORP - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
employee stock option (right to buy)	01/02/1998	01/02/2007	common stock	15,800	\$ 28.3125	D	Â
employee stock option (right to buy)	01/08/1999	01/08/2008	common stock	4,200	\$ 31.25	D	Â
employee stock option (right to buy)	12/16/1999	12/16/2008	common stock	4,100	\$ 35	D	Â
employee stock option (right to buy)	12/15/2000	12/15/2009	common stock	5,000	\$ 40.25	D	Â
employee stock option (right to buy)	10/18/2000	10/18/2010	common stock	17,586	\$ 23.64	D	Â
employee stock option (right to buy)	12/12/2001	12/12/2010	common stock	5,500	\$ 29.92	D	Â
employee stock option (right to buy)	10/17/2002	10/17/2011	common stock	15,000	\$ 33.6	D	Â
employee stock option (right to buy)	10/16/2003	10/16/2012	common stock	10,000	\$ 41.3	D	Â
employee stock option (right to buy)	10/15/2004	10/15/2013	common stock	10,000	\$ 47.88	D	Â
employee stock option (right to buy)	10/13/2005	10/13/2014	common stock	10,000	\$ 46.68	D	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b></b>	Director	10% Owner	Officer	Other		
Nolan Donald A 1101 THIRD STREET SOUTH MINNEAPOLIS, MN 55415	Â	Â	Sr. V.P.	Â		

### **Signatures**

/s/ Linda Colman, by Power of
Attorney

\*\*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) vested shares in Valspar ESOP 401(k) plan as of allocation date 10-29-04

Â

#### **Remarks:**

Reporting Owners 2

#### Edgar Filing: VALSPAR CORP - Form 3

Ex	hit	oitÂ	In	de	хÂ
					Â

#### Exhibit 24 -- Power of Attorney

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.