Edgar Filing: VALSPAR CORP - Form 4

| VALSPAR Form 4 October 23, FORM Check th if no lon subject t Section Form 4 Form 5 obligation may con <i>See</i> Instr 1(b). | 2009 A 4 UNITED his box ger o 16. or Filed pur Section 17(| MENT OI rsuant to S (a) of the I | Wa F CHAN Section 1 Public U | RITIES AND EX shington, D.C. 2 NGES IN BENEI SECURITIES (6(a) of the Secur ftility Holding Convestment Compa | D549 FICIAL OV ities Exchar mpany Act | WNERSHIP O nge Act of 1934 of 1935 or Sect | N OMB Number: Expires: Estimated burden h response | • | |
|--|---|--|---|---|--|---|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person <u>*</u> Jokinen Tracy C | | | 2. Issuer Name and Ticker or Trading Symbol VALSPAR CORP [VAL] | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) (First) (Middle) P. O. BOX 1461 | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2009 | | | (Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) below) Vice President and Controller | | | |
| MINNEAP | (Street) OLIS, MN 55440 |) | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-Derivativ | e Securities A | | of, or Benefic | ially Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | ned 1 Date, if | 3. 4. Secur TransactionAcquire Code Dispose (Instr. 8) (Instr. 3 Code V Amount | ities d (A) or d of (D) , 4 and 5) (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of | |
| common stock | | | | | | 1,228 | D | | |
| common stock | | | | | | 8,433 | Ι | Savings and Retirement Plan (1) | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisab Expiration Date (Month/Day/Year | | 7. Title and of Underlyin Securities (Instr. 3 and | ng |
|---|---|---|---|--|--|---|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| stock option (right to buy) | \$ 26.37 | 10/21/2009 | | А | 20,000 | 10/21/2010 <u>(3)</u> | 10/21/2019 | common stock | 20,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|-------------------------------|-------|--|--|
| I O | Director | 10% Owner | Officer | Other | | |
| Jokinen Tracy C P. O. BOX 1461 MINNEAPOLIS, MN 55440 | | | Vice President and Controller | | | |
| Signatures | | | | | | |
| /s/ Linda Colman, by Power of Attorney | 10/23/2009 | | | | | |
| **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) vested shares in Valspar Savings and Retirement Plan as of allocation date 10/31/08
- (2) stock option grant
- (3) stock option grant vests in one-third increments, starting one year from grant date

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.