Hendrickson Gary E Form 5 December 14, 2009

**OMB APPROVAL** 

#### FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Hendrickson Gary E Symbol VALSPAR CORP [VAL] (Check all applicable) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) (Month/Day/Year) Director 10% Owner X \_ Officer (give title Other (specify 10/30/2009 below) below) P.O. BOX 1461 President and COO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) MINNEAPOLIS, MNÂ 55440 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Ownership Indirect Form: Direct Beneficial (Instr. 3) Code Disposed of (D) Beneficially (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end (D) or Ownership of Issuer's Indirect (I) (Instr. 4) Fiscal Year (Instr. 4) (A) (Instr. 3 and or 4) Amount (D) Price common Â Â Â Â Â Â Â 148,461 D stock Savings and common Â 10/30/2009 J 580 \$ <sup>(1)</sup> 10,365 I Retirement stock Plan

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

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**SEC 2270** (9-02)

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title  | of 2.         | 3. Transaction Date | 3A. Deemed         | 4.          | 5.         | 6. Date Exerc | cisable and | 7. Title  | and         | 8. Price of |
|-----------|---------------|---------------------|--------------------|-------------|------------|---------------|-------------|-----------|-------------|-------------|
| Derivati  | ve Conversion | (Month/Day/Year)    | Execution Date, if | Transaction | Number     | Expiration D  | ate         | Amour     | nt of       | Derivative  |
| Security  | or Exercise   |                     | any                | Code        | of         | (Month/Day/   | Year)       | Underl    | ying        | Security    |
| (Instr. 3 | ) Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Derivative | e             |             | Securit   | ies         | (Instr. 5)  |
|           | Derivative    |                     |                    |             | Securities |               |             | (Instr. 3 | 3 and 4)    |             |
|           | Security      |                     |                    |             | Acquired   |               |             |           |             |             |
|           |               |                     |                    |             | (A) or     |               |             |           |             |             |
|           |               |                     |                    |             | Disposed   |               |             |           |             |             |
|           |               |                     |                    |             | of (D)     |               |             |           |             |             |
|           |               |                     |                    |             | (Instr. 3, |               |             |           |             |             |
|           |               |                     |                    |             | 4, and 5)  |               |             |           |             |             |
|           |               |                     |                    |             |            |               |             |           | A           |             |
|           |               |                     |                    |             |            |               |             |           | Amount      |             |
|           |               |                     |                    |             |            | Date          | Expiration  |           | or<br>Namel |             |
|           |               |                     |                    |             |            | Exercisable   | Date        |           | Number      |             |
|           |               |                     |                    |             | (A) (D)    |               |             |           | of          |             |
|           |               |                     |                    |             | (A) (D)    |               |             | ,         | Shares      |             |

# **Reporting Owners**

| Reporting Owner Name / Address                                | Relationships |           |                   |       |  |  |  |
|---|---------------|-----------|-------------------|-------|--|--|--|
| 1   | Director      | 10% Owner | Officer           | Other |  |  |  |
| Hendrickson Gary E<br>P. O. BOX 1461<br>MINNEAPOLIS, MN 55440 | Â             | Â         | President and COO | Â     |  |  |  |

# **Signatures**

/s/ Linda Colman, by Power of Attorney 12/14/2009

### \*\*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 10/30/09

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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