#### WESTLAKE CHEMICAL CORP

Form 4

February 21, 2014

Check this box

if no longer

subject to

Section 16.

Form 4 or

obligations

Form 5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB 3235-0287 Number:

**OMB APPROVAL** 

Expires:

January 31,

2005

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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

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Kenner Andrew Issuer Symbol WESTLAKE CHEMICAL CORP (Check all applicable) [WLK] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner

2801 POST OAK BOULEVARD,

HOUSTON, TX 77056

02/19/2014

(Month/Day/Year)

X\_ Officer (give title Other (specify below) below)

VP - Manufacturing

SUITE 600

(Street)

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

| (City)                               | (State)                                                                                 | (Zip) <b>Tabl</b> | e I - Non-I                            | Derivative                                                                   | Secui | rities Acqu                                                                                                        | ired, Disposed of                                                       | , or Beneficiall                                                  | y Owned |
|--------------------------------------|-----------------------------------------------------------------------------------------|-------------------|----------------------------------------|------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|---------|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) |                   | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securities Acquired of (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or |       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |         |
| Common<br>Stock<br>Common            | 02/19/2014                                                                              |                   | Code V F                               | Amount 3                                                                     | (D)   | Price \$ 129.58                                                                                                    | 7,292                                                                   | D                                                                 |         |
| Stock                                | 02/19/2014                                                                              |                   | F                                      | 693                                                                          | D     | \$ 129                                                                                                             | 6,599                                                                   | D                                                                 |         |

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 | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc |            | 7. Titl | e and      | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|------------|---------|------------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | onNumber   | Expiration D  | ate        | Amou    | int of     | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)      | Under   | lying      | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |            | Securi  | ities      | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |            | (Instr. | 3 and 4)   |             | Own    |
|             | Security    |                     |                    |            | Acquired   |               |            |         |            |             | Follo  |
|             |             |                     |                    |            | (A) or     |               |            |         |            |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |            |         |            |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |            |         |            |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |            |         |            |             |        |
|             |             |                     |                    |            | 4, and 5)  |               |            |         |            |             |        |
|             |             |                     |                    |            |            |               |            |         | Amount     |             |        |
|             |             |                     |                    |            |            |               |            |         | Amount     |             |        |
|             |             |                     |                    |            |            | Date          | Expiration | T:41-   | or<br>Name |             |        |
|             |             |                     |                    |            |            | Exercisable   | Date       |         | Number     |             |        |
|             |             |                     |                    | G 1 W      | (A) (B)    |               |            |         | of         |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |            |         | Shares     |             |        |

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

Kenner Andrew 2801 POST OAK BOULEVARD, SUITE 600 HOUSTON, TX 77056

VP-Manufacturing

## **Signatures**

Andrew Kenner by Joel R. Iglesias PoA

02/21/2014

\*\*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).

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.

Reporting Owners 2