Edgar Filing: Owens Corning - Form 4

Owens Corni	ng										
Form 4											
February 17,	2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									3 APPROVAL		
	UNITED S	STATES SE				NGE	COMMISSION	OMB Number:	3235-0287		
Check this	s box		wasnington,	shington, D.C. 20549					January 31,		
if no long	er STATEM	HANGES IN BENEFICIAL OW				NEDSHID OF	Expires:	2005			
subject to					CIA		MERSIIII OF		Estimated average		
Section 10 Form 4 or		SECURITIES						burden hou response	•		
Form 5		uant to Sect	tion 16(a) of th	e Securiti	es Ez	cchang	ge Act of 1934,	response	0.5		
obligation	18 Section 17(a)						f 1935 or Sectio	n			
may conti <i>See</i> Instru	nue.		the Investment	•	- ·						
1(b).	etton										
(Print or Type R	esponses)										
1 Name and A	ddmass of Domosting I)amaan *					5 Deletionship o	f Donostin a Dos	a = a + (a) + a		
1. Name and A HANDY F F	. Issuer Name and	Ticker or	Fradın	g	5. Relationship of Reporting Person(s) to Issuer						
	IIILII	•	mbol wong Corning I								
			Owens Corning [OC]				(Check all applicable)				
(Last)	(First) (M		Date of Earliest T	ransaction							
			lonth/Day/Year)	-				_X_ Director 10% Owner Officer (give title Other (specify			
PARKWAY 02/13/			2/13/2015	/2015 —				below) below)			
			If Amendment, Da	-			6. Individual or Joint/Group Filing(Check				
	ed(Month/Day/Year	r)			Applicable Line) _X_ Form filed by One Reporting Person						
TOLEDO, C		Form filed by M				Iore than One Reporting					
							Person				
(City)	(State) (Zip)	Table I - Non-I	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	med 3. 4. Securities				5. Amount of 6. Ownership 7. Nature of				
Security	(Month/Day/Year)			ionAcquired			Securities	Form: Direct	Indirect		
(Instr. 3) any (Month/Day/Year)				CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
(Wohth Day, Tear)				(1131. 0) (1131. 3, 4 and 3)			Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
			Code V	Amount	(D)	Price	(msu. 5 and 4)				
\$.01 Par	00/10/0015			1,291		ф. О	((001 172	D			
Value	02/13/2015		А	(1)	А	\$0	66,001.172	D			
Common											

Reminder: Report on a separate line for each class of securities beneficially 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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Under Secur	ount of erlying	Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HANDY F PHILIP ONE OWENS CORNING PARKWAY TOLEDO, OH 43659	Х						
Signatures							
Raj B. Dave by POA filed on 10/29/2013	02/	/17/2015					
<u>**</u> Signature of Reporting Person		Date					
Explanation of Respon	6061						

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) Deferred share portion of quarterly Director retainer/fees.

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.