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PARENT I Form 4	LOUISE M									
September								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0287	
Check if no lo subject Sectior Form 4	to SIAIE 116.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the P	Public U	tility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940			
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> PARENT LOUISE M			2. Issuer Name and Ticker or Trading Symbol Zoetis Inc. [ZTS]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O ZOETIS INC., 10 SYLVAN WAY			3. Date of Earliest Transaction (Month/Day/Year) 09/25/2017			XDirector10% Owner Officer (give titleOther (specify below) below)				
PARSIPP		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)	Tab	le I - Non-l	Dorivativa	Securities A	Person .cquired, Disposed	of or Bonoficio	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	-	d Date, if	3.	4. Securiti nAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	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 Indirect	
Reminder: R	eport on a separate lin	e for each cla	uss of sect	urities bene	Perso inform requir	ns who res nation cont ed to respo	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

number.

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Unit <u>(1)</u>	<u>(2)</u>	09/25/2017		A		392.6496		(3)	(3)	Common Stock	392.6496

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
PARENT LOUISE M C/O ZOETIS INC. 10 SYLVAN WAY PARSIPPANY, NJ 07054	Х						
Signatures							
/s/ Katherine H. Walden, as Attorney-in-Fact		09/	/27/2017				
<u>**</u> Signature of Reporting Person			Date				

**Signature of Reporting Person

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).

These phantom stock units were acquired pursuant to the Zoetis Non-Employee Director Deferred Compensation Plan and represent the (1) director's deferral of all or a portion of his or her cash retainer fees invested in the Zoetis stock fund (including dividend equivalents thereon).

(2) Each phantom stock unit represents one share of Zoetis Inc. common stock.

These phantom stock units will be settled in cash following the reporting person's separation from service and may be transferred by the (3) reporting person into an alternative investment fund at any time, provided Zoetis may limit the timing, frequency and permissibility of transfers from one investment fund to another at any time.

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.