Edgar Filing: JOHNSON CONTROLS INC - Form 4

JOHNSON C Form 4 January 31, 2	CONTROLS I 2014	NC										
	_								OMB AF	PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi if no long subject to Section 1 Form 4 or Form 5	statement of changes in Beneficial ownership of							Expires: Estimated a burden hou response				
obligation may conti <i>See</i> Instru 1(b).	inue. Section	17(a) of the	Public U		ling Con	ipany	Act of	1935 or Section	n			
(Print or Type R	Responses)											
Conner Raymond L. Symbol				r Name and ON CON'			-	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	JOHNSON CONTROLS INC [JCI] 3. Date of Earliest Transaction					(Check all applicable)				
5757 N. GREEN BAY AVENUE, P.O. BOX 591			(Month/Day/Year) 01/29/2014					X_ Director Officer (give below)	e title 10% Owner below)			
	(Street) 4. If Amendment, Date Origina Filed(Month/Day/Year)				l		Applicable Line) _X_ Form filed by C	oint/Group Filing(Check One Reporting Person				
MILWAUK	EE, WI 5320	1						Form filed by N Person	Iore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	med n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit on(A) or Di (Instr. 3,	ties Ad spose 4 and (A) or	cquired d 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 Beneficial		
Common Stock	01/29/2014			А	2,515	A	\$ 46.31	2,515	D			

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, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

5757 N. GREEN BAY AVENUE

Conner Raymond L.

MILWAUKEE, WI 53201

P.O. BOX 591

Signatures /s/ Angela M. Blair, Attorney-in-Fact for Raymond L. Conner

**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).

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.

Date

01/31/2014

10% Owner Officer

Director

Х

Relationships

Other