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ASHLAND Form 4	INC.									
November 2	0, 2015									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITEL) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287
Check th if no long subject to Section 1	state	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires: January 31 2005 Estimated average burden hours per	
							response	0.5 0.5		
(Print or Type]	Responses)									
1. Name and Address of Reporting Person <u>*</u> HEITMAN WILLIAM J			2. Issuer Name and Ticker or Trading Symbol ASHLAND INC. [ASH]				ng	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Middle) 50 E. RIVERCENTER BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 11/18/2015					(Check all applicable) <u></u> Director <u></u> Officer (give title 10% Owner Other (specify below) Controller		
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
COVINGT	ON, KY 41012-0	0391						Form filed by M Person	ore than One Rej	porting
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative	Secu	rities Acq	uired, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Execution any		3. Transactio Code (Instr. 8)	4. Securi r(A) or Di (Instr. 3,	ispose 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/18/2015			Code V $A^{(1)}$	Amount 1,761	or (D) A	Price \$ 111.89	(Instr. 3 and 4) 11,546 (2)	D	
Common Stock								317 <u>(3)</u>	I	401(k)

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 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. Number poor Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Date (Month/Day/Year	•	7. Title and An Underlying Sec (Instr. 3 and 4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N S
Stock Appreciation Right	\$ 111.89	11/18/2015		А	3,600	11/18/2016(4)	12/18/2025(4)	Common Stock
Restricted Stock Units	<u>(5)</u>	11/18/2015		А	700	<u>(6)</u>	(6)	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HEITMAN WILLIAM J 50 E. RIVERCENTER BOULEVARD COVINGTON, KY 41012-0391			Controller				
Signatures							
/s/ Issa O. Yesufu, Attorney-in-Fact	11/20/202	15					
**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) Ashland Common Stock acquired upon settlement of LTIP award pursuant to Ashland's Amended and Restated 2011 Incentive Plan and exempt under Rule 16b-3(d).
- (2) Includes 750 shares of unvested Restricted Stock.
- (3) Based on Employee Savings Plan information as of November 18, 2015, the latest date for which such information is reasonably available.
- (4) Stock Appreciation Right granted pursuant to the Amended and Restated 2015 Ashland Inc. Incentive Plan which vests in three annual installments: 50% after the first year, the next 25% the second year and the remaining 25% the third year.
- (5) Each Restricted Stock Unit represents a right to receive one (1) share of Ashland Common Stock.
- (6) Grant of Restricted Stock Units, pursuant to the Amended and Restated 2015 Ashland Inc. Incentive Plan as approved by the shareholders and exempt pursuant to Rule 16b-3. The shares in this grant will vest in three equal annual installments beginning one year from the date

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of grant, provided that the Reported Person remains in continuous employment with the Issuer.

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.