#### OWENS ILLINOIS INC /DE/

Form 4

February 11, 2005

#### FORM 4

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

OMB Number: 3235-0287

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005 Estimated average

Form 4 or Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

response... 0.5

burden hours per

5. Relationship of Reporting Person(s) to

Issuer

1(b).

(Print or Type Responses)

MCWEENY PHILIP

1. Name and Address of Reporting Person \*

(Last) (First) (Middle) 3. Date of Earliest Transaction	**								
OWENS-ILLINOIS, INC., ONE 02/09/2005 $\frac{X}{below}$	_X_ Officer (give title Other (specify								
Filed(Month/Day/Year) Applical _X_ For	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City) (State) (Tip)									
Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securit (Instr. 3)  any Code (Instr. 3, 4 and 5) Benefit (Month/Day/Year) (Instr. 8)  (Month/Day/Year) (Instr. 8)  (A) Report Transaction(A) or Disposed of (D) Security (Instr. 3, 4 and 5)  (A) Report Transaction(A) or Disposed of (D) Security (Instr. 3)	icially (D) or Beneficial d Indirect (I) Ownership ving (Instr. 4) (Instr. 4)								
Common Stock 02/09/2005 M 4,000 A \$ 76,00	00 D								
Common Stock 02/09/2005 S 1,500 D \$ 23.77 74,50	00 D								
Common Stock 02/09/2005 S 100 D \$ 23.76 74,40	00 D								
Common Stock 02/09/2005 S 2,400 D \$ 72,00	00 D								
Common Stock 4,866	5.9121 I 401K Plan								

 $\begin{array}{cccc} \text{Common} & & & \text{By Family} \\ \text{Stock} & & & \text{LLC} \end{array}$ 

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.

SEC 1474

(9-02)

# 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. Conversi or Exerci Price of Derivativ Security	se	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	·	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Non-Qual Stock Opt (right to b	ion \$ 13.2	5 02/09/2005		M	4,000	<u>(1)</u>	06/30/2005	Common Stock	4,00

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MCWEENY PHILIP OWENS-ILLINOIS, INC. ONE SEAGATE TOLEDO, OH 43666

VP/Gen Counsel-Corp & Asst Sec

#### **Signatures**

By: James W. Baehren For: Philip McWeeny 02/11/2005

\*\*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) Grant of option to purchase shares of common stock under the Amended and Restated Stock Option Plan for Key Employees of Owens-Illinois, Inc. in a transaction exempt under old Rule 16b-3. The option becomes exercisable in 50% increments on the fifth and

Reporting Owners 2

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sixth anniversaries of the date of the grant, respectively, subject to earlier exercise after the first anniversary of the grant based on stock price targets being met.

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.