## Edgar Filing: SMUCKER J M CO - Form 4

SMUCKER	J M CO											
Form 4	_											
June 14, 200												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
		<b>JSIAIE</b>		shington,			INGE C	.01v11v1155101N	OMB Number:	3235-0287		
Check the	is box		vv as	sinington,	D.C. 20	349				January 31,		
if no long	SIATE	MENT O	F CHAN	GES IN	BENEF	ICIA		NERSHIP OF	Expires:	2005		
subject to Section 1	)			SECUR					Estimated average burden hours per			
Form 4 o									response	rs per 0.5		
Form 5	Filed p	ursuant to	Section 1	6(a) of the	e Securit	ties E	Exchang	e Act of 1934,	reepeneem	0.0		
obligation	ns Section 17						U	f 1935 or Section	n			
may cont See Instru		30(h)	of the In	vestment	Compar	iy Ac	t of 194	40				
1(b).												
(Print or Type I	Responses)											
1 Name and A	ddress of Reportin	g Person *	2 Iaguar	Nama and	Tielten on	Tradi		5 Relationship of	Reporting Person(s) to			
DUNCAN I	Symbol	Name and	Ticker of	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer						
	•	KER J M	COISIN	/11								
(Lost)					-	-1		(Check all applicable)				
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)				Director	100	Owner		
				10/2005				Officer (give title Other (specify				
	00/10/2	00/10/2003				below) below) Vice President						
	(Street)											
		4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check						
Filed(Mo				(onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
ORRVILLE	, OH 44667-02	80						Form filed by M	Iore than One Re			
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ate 2A. Dee	med	3.	4. Securities Acquir			5. Amount of	6. Ownership 7.			
Security	(Month/Day/Year		on Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)			5)	Beneficially Owned		Beneficial Ownership		
		(11101111)	5 aj, 1 ca)	(1115411-0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(msu: 5 und 1)				
Common	06/10/2005			F	1,699	D	\$ 50.12	55,385	D			
Shares							50.13					
Common								7,088.8718	I	by ESOP		
Shares								.,	-	5,2501		

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.

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships							
	Dii	rector	10% Owner	Officer	Other				
DUNCAN FRED A ONE STRAWBERRY LANE ORRVILLE, OH 44667-0280				Vice President					
Signatures									
M. Ann Harlan, POA	06/14/	2005							
**Signature of	Date	e							

## **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.

Reporting Person