### Edgar Filing: Bunge LTD - Form 4

Bunge LTD											
Form 4											
June 06, 201	16										
FORM	14		CECUE						-	PPROVAL	
	UNITEL	DSIAIES		shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th	nis box		vv as	sington,	, <b>D.C.</b> 20	549				January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP (					NERSHIP OF	Expires: 200					
-	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI Section 16. SECURITIES								Estimated average burden hours per		
Form 4 c								response 0.			
Form 5	-						-	e Act of 1934,			
obligatio may con	Section 1			-	-			1935 or Section	n		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	.0			
1(b).											
(Print or Type	Responses)										
(I mit of Type											
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name and Ticker or Trading 5. Relations							5. Relationship of	of Reporting Person(s) to			
				ymbol				Issuer			
	Bunge LTD [BG]					(Chao)	k all applicable	)			
(Last) (First) (Middle) 3. Date of H				of Earliest Transaction				(Check all applicable)			
C			(Month/Day/Year)					Director	10% Owner		
	SE LIMITED, 50	) MAIN	06/02/2	016				XOfficer (give below)	title Other below)	er (specify	
STREET, 6	TH FLOOR							· · · · · · · · · · · · · · · · · · ·	ee Remarks		
	(Street)		4. If Ame	ndment, Da	ate Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
Filed(Mon				d(Month/Day/Year)				Applicable Line)			
								_X_Form filed by C Form filed by M			
WHITE PL	AINS, NY 1060	)6						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Dee	med	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Securities	Form: Direct			
(Instr. 3)						5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		<b>X</b>		(				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				<b>a</b> 1 <b>b</b>		or	р.	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$	. ,			
Common Stock <sup>(1)</sup>	06/02/2016			А	44	А	۵ 67.54	11,650	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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						
	Director	10% Owner	Officer	Other			
Simmons Jerry Matthews JR C/O BUNGE LIMITED 50 MAIN STREET, 6TH FLOOR WHITE PLAINS, NY 10606			See Remarks				
Signatures							
/s/ John Tropeano, Attorney-in-Fact	06/0	6/2016					
**Signature of Reporting Person	1	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) Represents restricted stock units acquired on June 2, 2016 pursuant to a dividend reinvestment feature under the Bunge Limited 2009 Equity Incentive Plan.

#### **Remarks:**

### Controller and Principal Accounting Officer

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.