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PACKAGING Form 4 May 17, 2017	G CORP OF AMI	ERICA								
Check this box the state of the state of th									3235-0287 January 31, 2005 average Irs per	
(Print or Type R	esponses)									
1. Name and Ao Maurer Thor	er Name and Ticker or Trading AGING CORP OF RICA [PKG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			of Earliest Transaction /Day/Year) /2017				X_ Director 10% Owner Officer (give title Other (specify below) below)			
LAKE FORI	ndment, Date Original hth/Day/Year)				 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) (2	Zip) Tabl	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed	3. Transactio Code (Instr. 8) Code V	4. Securi	ties l (A) c l of (D 4 and (A) or	or 0) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-	
Common Stock	05/16/2017		А	486	А	\$ 0 (1)	4,429	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting o wher Funce / Funcess	Director	10% Owner	Officer	Othe			
Maurer Thomas P. 1955 W. FIELD CT. LAKE FOREST, IL 60045	Х						
Signatures							
Kent A. Pflederer, attorney	(05/17/2017					

**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) Share award for equity portion of directors fees.

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.