Edgar Filing: BARNES GROUP INC - Form 4

| BARNES GR | OUP INC | | | | | | | | | |
|---|---|---|---|--|----------------|---|---|--|---|--|
| Form 4 | | | | | | | | | | |
| February 12, 2 | 2014 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | т | OMB APPROVAL | | |
| | UNITED S | | ashington, | | | NGE | COMINIISSION | OMB Number: | 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or | NGES IN BENEFICIAL OWNERSHI SECURITIES | | | | NERSHIP OF | Expires: Estimated a burden hou response | irs per | | | |
| Form 5 obligations may contin <i>See</i> Instruct 1(b). | s Section 17(a) | uant to Section) of the Public U 30(h) of the I | Jtility Hold | ing Com | pany | Act o | f 1935 or Sectio | | | |
| (Print or Type Re | esponses) | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol BARNES GROUP INC [B] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (| | | 3. Date of Earliest Transaction(Month/Day/Year)02/12/2014 | | | | X_ Director 10% Owner Officer (give title below) Dther (specify below) | | | |
| | (Street) 4. If Amen Filed(Mont | | | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| BRISTOL, C | CT 06010 | | | | | | | More than One Ro | | |
| (City) | (State) (Z | Zip) Tal | ole I - Non-D | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Year | Code | 4. Securit onAcquired Disposed (Instr. 3, Amount | (A) o of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 02/12/2014 | | A <u>(1)</u> | 2,081 | A | \$0 | 40,958 | 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and unt of rlying rities . 3 and 4) | 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

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| ALDEN JOHN W BARNES GROUP INC. 123 MAIN STREET BRISTOL, CT 06010 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Monique B. Marchetti, Pursuar Attorney | 02/12/2014 | | | | | | | |
| <u>**</u> Signature of Reporting | | 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) Reporting Person has received 2081 Restricted Stock Units that are subject to forfeiture if certain events occur.

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.