Edgar Filing: WATERS CORP /DE/ - Form 4

WATERS	CORP /DE/											
Form 4												
August 16												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
Washington, D.C. 20549									OMB Number:	3235-0287		
	this box		v v ubii	11500	II, D.C. 20				Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									•	2005		
subject to Section 16. STATEMENT OF CHARGES IN DEL						ITIES				Estimated average burden hours per		
	Form 4 or								response	0.5		
Form 5 obligat	Filed p	ursuant to Sec					•					
may co	ontinue. Section 1			•	•	· ·	•	935 or Section				
	struction	50(II) 0I	i the mve	suner	nt Compan	iy Ac	1940					
1(b).												
(Print or Typ	e Responses)											
1. Name and CAPUTO	-	2. Issuer Name and Ticker or Trading				0	5. Relationship of Reporting Person(s) to Issuer					
CAPUIO		Symbol										
(-)			WATERS CORP /DE/ [WAT]					(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction					Director10% Owner				
34 MAPLE STREET			(Month/Day/Year) 08/15/2016				-	Officer (give title Other (specify				
	0	00/10/2010				b	below) below) EVP and President, Waters Div					
	(Street)	4	If Amond	mont I	Data Origina	1	A					
		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)					
			× ·	5	,			X_Form filed by Or				
MILFORI	D, MA 01757						Ē	Form filed by Mo Person	re than One Rep	orting		
(City)	(State)	(Zip)	Tabla I	- Non	-Dorivativa	Secur	ties Acani	ired, Disposed of,	or Bonoficially	Owned		
1.Title of	2. Transaction Date	24 Deemed		- 11011			_		-	7. Nature		
Security	(Month/Day/Year)	Execution Da	ate, if TransactionDisposed of (D) Code (Instr. 3, 4 and 5)					r 5. Amount of Securities	6. Ownership	of Indirect		
(Instr. 3)	, <u>,</u> ,	any						Beneficially	Form:	Beneficial		
		(Month/Day/	/Year) (Instr. 8)					Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)		
						(A)		Reported	(I)	(1115411-1)		
						or		Transaction(s) (Instr. 3 and 4				
C			Co	de V	Amount	(D)	Price	(instr. 5 and 4)			
Common	08/15/2016	08/15/2016	5 N	1	100,000	А	\$ 59.44	186,947	D			
Stock												
Common	08/15/2016	08/15/2016	5 5	5	100,000	D	\$, 86,947	D			
Stock							159.231	3				

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.

Edgar Filing: WATERS CORP /DE/ - Form 4

 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Stock Option (Right to Buy)	\$ 59.44	08/15/2016	08/15/2016	М	1	100,000	12/09/2010	12/09/2019	Common Stock	100,000

Reporting Owners

Reporting Owner Name / Addre	Relationships						
	Director	10% Owner	Officer	Other			
CAPUTO ARTHUR G 34 MAPLE STREET MILFORD, MA 01757			EVP and President, Waters Div				
Signatures							
/s/ Arthur G. Caputo	08/16/2016						

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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.

**Signature of

Reporting Person