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WestRock C	0									
Form 4										
January 31, 2	2017									
FORM	14								OMB AF	PROVAL
	UNITED	STATES		AITIES A			NGE C	COMMISSION	OMB Number:	3235-0287
Check the if no long	Ter								Expires:	January 31,
subject to		IENT OF	CHAN			ICIA	LOW	NERSHIP OF	Estimated a	2005 verage
Section 1				SECUR	ITIES				burden hou	rs per
Form 4 o Form 5	-	cuent to S	action 1	f(a) of the	- Soourit	ion E	vohona	a A at of 1024	response	0.5
obligation	ns Section 17(-	e Act of 1934, 1935 or Sectior	h	
may cont	inue.			vestment	•	· ·			1	
See Instru 1(b).	letion	50(11)		(estiment	compun	<i>y</i> 110				
(Print or Type F	Responses)									
		- *								<i>(</i>)
1. Name and A Nevels Jame	ddress of Reporting	_		Name and	Ticker or	Tradi	ng	5. Relationship of Issuer	Reporting Pers	on(s) to
INEVERS Jaine	58 E		Symbol	-1- C - TW	נעמי			133001		
			westko	ck Co [W	KKJ			(Check	c all applicable)
(Last)	(First) (N			Earliest Tr	ansaction					
504 THPAS	SHER STREET		(Month/D 01/27/20	-				X_ Director Officer (give t		Owner er (specify
J04 111KAS	STIER STREET		01/2//20	517				below)	below)	
	(Street)		4. If Ame	ndment, Da	te Origina	l		6. Individual or Jo	int/Group Filin	g(Check
			Filed(Mor	th/Day/Year)			Applicable Line)		
	G A 20071							_X_ Form filed by O Form filed by M		
AUBURN,	GA 30071							Person		1 0
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of	2. Transaction Date	2A. Deem	ied	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution		Transactio	n(A) or Di	spose	d of (D)	Securities	Form: Direct	Indirect
(Instr. 3)		any (Month/D	ov (Voor)	Code	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial
		(Monun/D	ay/rear)	(Instr. 8)				Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
						(A)		Reported		× /
						or		Transaction(s) (Instr. 3 and 4)		
				Code V		(D)	Price	(111501. 5 and 4)		
Common	01/27/2017			А	2,411	А	\$	7,354	D	
Stock					(1)		53.91			

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	2.	3. Transaction Date	3A. Deemed	4.	5.		6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNum	nber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)) Deri	vative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Secu	rities			(Instr.	. 3 and 4)		Owne
	Security				Acqu	uired						Follo
					(A)	or						Repo
					Disp	osed						Trans
					of (I))						(Instr
					(Inst	r. 3,						
					4, an	id 5)						
				Cada J	7 (A)	(D)	Data	Evaluation	Title	Amount		
				Code V	/ (A)	(D)	Date	Expiration	The			
							Exercisable	Date		or Norschau		
										Number		
										of		
										Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationsh	nips			
	Director	10% Owner	Officer	Other		
Nevels James E 504 THRASHER STREET AUBURN, GA 30071	Х					
Signatures						
	с <i>(</i>		C		1 (*1 1 *	4

Robert B. McIntosh (attorney-in-fact pursuant to power of attorney previously filed with SEC) 01/31/2017

**Signature of Reporting Person

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) Grant vesting in one year on 01/27/2018.

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.

Date