Edgar Filing: Moyes Kari G. - Form 4

Moyes Kari (Э.											
Form 4												
January 03, 2	018											
FORM	1										PPROVAL	
	UNITE	D STATES				ND EX(D.C. 20		NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long										Expires:	January 31,	
subject to		EMENT O	F CHAN				CIA	LOW	NERSHIP OF	Estimated a	2005 average	
Section 10	Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5			~			~ .				response 0		
obligation	· · · ·							-	e Act of 1934,			
may conti				•		•	- ·		f 1935 or Sectio	n		
See Instru	ction	30(h)) of the In	vestme	ent (Compan	y Aci	t of 194	40			
1(b).												
(Print or Type R	(esponses)											
× •••												
1. Name and Address of Reporting Person *2. Issuer Name aMoyes Kari G.SymbolClearwater Pap				Name a	and '	Ticker or '	Tradin	ıg	f Reporting Person(s) to			
									Issuer			
				water Paper Corp [CLW]					(Chao	le all applicable	2)	
(Last)	(Last) (First) (Middle) 3. Date of Earlies				t Transaction				(Chec	k all applicable	=)	
			(Month/D	ay/Year)				Director		6 Owner	
601 W. RIV	ERSIDE AVE	., SUITE	12/29/20	017					XOfficer (give	e title Oth below)	er (specify	
1100									below)	SVP, HR		
	(Street)		4 If Ame	ndment	Dat	e Original			6 Individual or Id		19(Check	
				Amendment, Date Original d(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 1100(11101		cur)				_X_ Form filed by (One Reporting Pe	erson	
SPOKANE,	WA 99201								Form filed by N Person	Iore than One Re	eporting	
(Citar)	(Stata)	(7:0)										
(City)	(State)	(Zip)	Tabl	e I - Noi	n-De	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction D			3.				-	5. Amount of	6. Ownership		
Security			on Date, if	Transaction(A) or Disposed of				d of	Securities	Form: Direct		
(Instr. 3)		any (Month)	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5)		(D) or Indirect (I)	Beneficial Ownership		
		Day roary (msd. 0)		0)	, (insu: 5, 4 and 5)			Following		(Instr. 4)		
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
0				Code	V	Amount	(D)	Price	(insu: 5 and +)			
Common Stock (1)	12/29/2017			F		305	D	\$ 46.3	4,807	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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Moyes Kari G. 601 W. RIVERSIDE AVE. SUITE 1100 SPOKANE, WA 99201			SVP, HR					
Signatures								
/s/ Carol K. Haugen, Attorney-in-Fact		01/03/20	18					
**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) Represents shares withheld by Clearwater Paper Corporation to satisfy tax withholding requirements due at settlement of restricted stock units.

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.