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Form 4	L AUTOMATIO	N INC								
August 18, 2 FORM Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	A 4 UNITED S his box ager to 16. or Filed pur Section 17(s	IENT OF suant to S a) of the I	Wa F CHAN Section 1 Public U	shington, NGES IN SECUR 6(a) of th	, D.C. 20 BENEF SITIES e Securi ding Con)549 ICIA ties E npan	LOWN Exchange y Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Sectior 0	OMB Number: Expires: Estimated a burden hour response	
(Print or Type	Responses)									
	Address of Reporting Address of Reporting AN DOUGLAS M		Symbol	r Name and WELL AU			-	5. Relationship of Issuer (Check	Reporting Pers	
(Last)	(First) (N	Aiddle)		f Earliest Tr Day/Year) 016	ransaction			Director Officer (give t below) Sr. VP, Ge		Owner er (specify Sec.
MILWAUF	(Street) KEE, WI 53204			endment, Da nth/Day/Year	-	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	rson
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	rities Acq	uired, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3,	ties A	cquired d 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
Common Stock								210.9971	I	By Savings Plan <u>(1)</u>
Common Stock	08/16/2016			М	1,300	A	\$ 0	30,527	D	
Common Stock	08/16/2016			М	1,400	А	\$ 0	31,927	D	
Common Stock	08/16/2016			М	1,200	А	\$0	33,127	D	
Common Stock	08/16/2016			F	2,436	D	\$ 118.94	30,691	D (2)	

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	onof D Secu Acqu (A) o Disp (D)	rities uired or osed of r. 3, 4,	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 or Number of Shares
Employee Stock Option (Right to Buy)	\$ 69.57	08/16/2016		М		1,400	12/07/2011	12/07/2020	Common Stock	1,400
Employee Stock Option (Right to Buy)	\$ 74.14	08/16/2016		М		1,300	12/01/2012	12/01/2021	Common Stock	1,300
Employee Stock Option (Right to Buy)	\$ 80.11	08/16/2016		М		1,200	12/06/2013	12/06/2022	Common Stock	1,200

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B I I I I I I I I I I I I I I I I I I	Director	10% Owner	Officer	Other				
HAGERMAN DOUGLAS M 1201 SOUTH SECOND STREET MILWAUKEE, WI 53204			Sr. VP, Gen Counsel and Sec.					

Signatures

Karen A. Balistreri, Attorney-in-Fact for Douglas M. Hagerman

08/18/2016

**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) Shares represented by Company stock fund units acquired under the Company Savings Plan based on information furnished by the Plan Administrator as of 6/30/2016.
- (2) Includes 2,950 shares held by the Company to implement restrictions on transfer unless and until certain conditions are met.

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.