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BROWN FOR Form 4	MAN CORP											
August 01, 201	16											
FORM	4		GECUD				TT 4 8			т	PPROVAL	
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check this l if no longer		STATEMENT OF CHANGES IN BENEFICIAL OWN								Expires:	January 31 2005	
subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instruct 1(b).	Filed pur ue. Section 17(a	suant to S a) of the 1	Section 16	SECUP (a) of the ility Hol	Estimated a burden hou response	irs per						
(Print or Type Res	sponses)											
1. Name and Add Jones Jill Ack	lress of Reporting l erman	Person <u>*</u>	2. Issuer Symbol BROWN BFB]	Name an o I FORM				-	5. Relationship o Issuer (Cher	f Reporting Per ck all applicable		
(Last) (First) (Middle) 850 DIXIE HIGHWAY			3. Date of Earliest Transaction (Month/Day/Year) 07/28/2016						Director 10% Owner XOfficer (give titleOther (specify below) below) Executive Vice President			
	(Street)		4. If Amer Filed(Mont			ginal			6. Individual or J Applicable Line) _X_ Form filed by Form filed by		erson	
LOUISVILLE									Person		1 0	
(City)	(State)	(Zip)	Table	e I - Non-l	Deriva	tive S	ecuri	ties Ace	quired, Disposed o	f, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	Executio any		3. Transact Code (Instr. 8) Code	ionAcc Dis) (Ins	posed str. 3, 4	(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)	
Class A Common									20,936	D		
Class A Common									2,683.8831 (1)	Ι	ESPP	
Class A Common									223.8518	Ι	DRIP	
Class B Common									19,863	D		
Class B Common									7,428.8534	Ι	By 401k	

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Class B Common	312.9161	Ι	ESPP
Class B Common	45	Ι	Trust fbo Child-1
Class B Common	45	Ι	Trust fbo Child-2

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. Transacti Code (Instr. 8)	5. Number orDerivative Securities Acquired (or Dispose (D) (Instr. 3, 4, and 5)	A) d of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun Underlying Securiti (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amo or Numl of Sh
Stock Appreciation Right (2)	\$ 98.01	07/28/2016		А	14,665		05/01/2019	04/30/2026	Class B Common	14,6
Stock Appreciation Right	\$ 46.4						05/01/2014	04/30/2021	Class B Common	16,7
Stock Appreciation Right	\$ 58.7						05/01/2015	04/30/2022	Class B Common	11,0
Stock Appreciation Right	\$ 72.42						05/01/2016	04/30/2023	Class B Common	9,7
Stock Appreciation Right	\$ 91.97						05/01/2017	04/30/2024	Class B Common	10,2
Stock Appreciation Right	\$ 102.25						05/01/2018	04/30/2025	Class B Common	12,5

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Jones Jill Ackerman 850 DIXIE HIGHWAY LOUISVILLE, KY 40210			Executive Vice President				
Signatures							
Michael E. Carr, Jr., Attorney i Jones	n Fact for	Jill Ackerm	an 08/01/2016				
<u>**</u> Signature of Repo	rting Person		Date				
Explanation of Responses:							

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) Number of shares acquired through the issuer's employee stock purchase program as of July 27, 2016.

(2) No money was paid to or received by the reporting person for these SSARs.

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.