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ASHLAND	INC.											
Form 4												
December 1	7, 2014											
FORM 4 LINUTED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							N OMB Number:	3235-0287				
Section 16.						Expires:	January 31,					
				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								. 0.5				
(Print or Type	Responses)											
WILLIS J KEVIN Sy				er Name an		Trading	5. Relationship of Reporting Person(s) to Issuer					
				AND INC			(Check all applicable)					
(Last)	(First)	(Middle)		of Earliest T	ransaction		D '	100				
50 E. RIVI	(Month/Day/Year) 12/15/2014				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer							
(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
COVINGT	Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting							
							Person					
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A)or(D) Price	Transaction(s) (Instr. 3 and 4)					
Domindom D.	port on a songesta l'	a for each -1	one of car-	unition har-	ficially	nod dimostle	orindirativ					
Kenninder: Ke	port on a separate lin	e for each cl		unues bene	Perso	ons who res	or indirectly. spond to the colle tained in this forn		SEC 1474 (9-02)			

required to respond unless the form displays a currently valid OMB control

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

number.

5.

of

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

4.

Code

(Month/Day/Year) Execution Date, if TransactionNumber

3. Transaction Date 3A. Deemed

any

1. Title of

Derivative

Security

2.

Conversion

or Exercise

7. Title and Amount of
Underlying Securities8. Price of
Derivative
Security(Instr. 3 and 4)Security

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr. 5)			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Units	<u>(1)</u>	12/15/2014		J <u>(2)</u>		44		(3)	<u>(3)</u>	Common Stock	44	\$ 115.4

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
WILLIS J KEVIN 50 E. RIVERCENTER BLVD. COVINGTON, KY 41011			Chief Financial Officer					
Signatures								
/s/ Issa O. Yesufu,								

12/17/2014

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) 1 for 1.

Attorney-in-Fact

**Signature of Reporting Person

- (2) Common Stock Units acquired pursuant to Ashland's Deferred Compensation Plan (the "Plan") and exempt under Rule 16b-3(d). (One (1) Common Stock Unit in the Deferred Compensation Plan is the equivalent of one (1) share of Ashland Common Stock.)
- (3) Subject to any deferral election on timing of distribution by the reporting person under the Plan, the Common Stock Units are payable in Common Stock upon the reporting person's in-service distribution election, retirement or other termination.

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.