Edgar Filing: MCGARRY MICHAEL H - Form 4

MCGARRY	MICHAEL H												
Form 4													
April 02, 20)13												
FORM	ЛΔ								-	PPROVAL			
	UNITED	STATES		RITIES A shington			NGE	COMMISSION	OMB Number:	3235-02	87		
Check t									Expires:	January 3			
if no lor subject		MENT OF	CHAI	NGES IN	BENEF	ICIA	L O	OWNERSHIP OF			05		
Section				SECUE	RITIES					Estimated average burden hours per			
Form 4									response		0.5		
Form 5 obligati				• •				nge Act of 1934,					
may coi	Nection 17	· · ·		•	U	-	•	of 1935 or Section	on				
See Inst		30(h)	of the I	nvestment	Compa	ny Ao	ct of 1	940					
1(b).													
(Print or Type	Responses)												
(I fint of Type	(csponses)												
	Address of Reporting Y MICHAEL H	g Person [*]	2. Issue Symbol	er Name an	d Ticker of	r Tradi	ing	5. Relationship o Issuer	of Reporting Per	rson(s) to			
			•	JULISTRI	FS INC	[PPC	1						
			PPG INDUSTRIES INC [PPG]				וי	(Check all applicable)					
(Last)	(Middle)	3. Date of Earliest Transaction					D. (100	× 0				
PPG INDI	STRIES, INC.,, O	ONE	(Month/Day/Year) 03/31/2013			Director 10% Owner X_ Officer (give title Other (specify							
PPG PLAC		ONL	03/31/2	2015				below)	below)				
11012/10	<i></i> ,							Execu	tive Vice Presid	lent			
	(Street)		4. If Am	endment, D	ate Origina	al		6. Individual or Joint/Group Filing(Check					
		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person						
DITTORI	RGH, PA 15272								More than One R				
riiisdur	XUII, FA 15272							Person					
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secu	rities A	cquired, Disposed o	of, or Beneficia	lly Owned			
1.Title of	2. Transaction Date	2A. Deeme						5. Amount of	6. Ownership	7. Nature of	•		
Security	(Month/Day/Year)	//Year) Execution Date, if any (Month/Day/Year)		Code Disposed of (D)					Form: Direct	Indirect			
(Instr. 3)								•	(D) or Indirect (I)	Beneficial Ownership			
			.y/1Cal)	(IIIsu: 0)	(insu: 5,	+ anu	5)		(I) (Instr. 4)	(Instr. 4)			
						(A)		Reported	. ,				
						(A) or		Transaction(s)					
				Code V	Amount	(D)	Price	(Instr. 3 and 4)					
-													
Reminder: Re	port on a separate lin	e for each cla	ass of sec	urities bene	ficially ow	ned di	rectly of	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. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

Edgar Filing: MCGARRY MICHAEL H - Form 4

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)) (Instr. 8)	Acquired (A) or Disposed (D) (Instr. 3, and 5)	l of					(Instr.
			Code V	(A)	· · ·	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(1)</u>	03/31/2013	А	8.257		(2)	(2)	Common Stock	8.257	\$ 133

Reporting Owners

Reporting Owner Name / Address			Relationships	
	Director	10% Owner	Officer	Other
MCGARRY MICHAEL H PPG INDUSTRIES, INC., ONE PPG PLACE, PITTSBURGH, PA 15272			Executive Vice President	
Signatures				
Greg E. Gordon, Attorney-in-F McGarry	04/02/2013			

**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) The security converts to common stock on a one-for-one basis.
- (2) After termination of employment with PPG.
- (3) Total of all phantom stock units held by the reporting person in the PPG Industries, Inc. Deferred Compensation Plan.

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.