

AUTOLIV INC  
Form 3  
November 06, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Bentley James D		(Month/Day/Year)	AUTOLIV INC [ALV]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
C/O AUTOLIV, INC.,Â VASAGATAN 11, 7TH FLOOR			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			Acting VP, Corporate Control	
STOCKHOLM,Â V7Â SE-111 20			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	0	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy) <sup>(1)</sup>	02/16/2016	02/16/2025	Common Stock	704	\$ 113.36	D	Â
Restricted Stock Units <sup>(1)</sup> <sub>(2)</sub>	02/19/2016	02/19/2016	Common Stock	395	\$ <sub>(2)</sub>	D	Â
Restricted Stock Units <sup>(1)</sup> <sub>(2)</sub>	02/19/2017	02/19/2017	Common Stock	280	\$ <sub>(2)</sub>	D	Â
Restricted Stock Units <sup>(1)</sup> <sub>(2)</sub>	02/16/2018	02/16/2018	Common Stock	235	\$ <sub>(2)</sub>	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Bentley James D C/O AUTOLIV, INC. VASAGATAN 11, 7TH FLOOR STOCKHOLM, Â V7Â SE-111 20	Â	Â	Â Acting VP, Corporate Control	Â

## Signatures

/s/ James D.  
Bentley

11/06/2015

    Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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 Restricted Stock Units and the Employee Stock Options were granted under the Company's Stock Incentive Plan of 1997, as amended, at no cost to the reporting person.
- (2) The Restricted Stock Units vest in full 3 years from the date of the grant, at which point vested shares will be delivered to the reporting person free of charge.

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.