KLING LEWIS M Form 4 April 10, 2018

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

10% Owner

2005

0.5

Check this box if no longer subject to Section 16. Form 4 or

January 31, Expires:

> Estimated average burden hours per

response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * KLING LEWIS M

(Middle)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

EASTMAN CHEMICAL CO [EMN]

(Check all applicable)

(First) (Last)

200 SOUTH WILCOX

3. Date of Earliest Transaction

(Month/Day/Year) X Director

Officer (give title Other (specify 04/06/2018 below)

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

KINGSPORT, TN 37660

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Indirect Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Ownership Following (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or

(Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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		3. Transaction Date (Month/Day/Year)				6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying
Security (Instr. 3)	or Exercise Price of		any (Month/Day/Year)			(Month/Day/Year)	Securities (Instr. 3 and 4)

8. Price of Derivativ Security (Instr. 5)

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	Derivative Security				Acqui (A) or Dispo of (D) (Instr. and 5)	r osed) . 3, 4,					
			Cod	de V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	\$ 0 (1)	04/06/2018	A		563 (2)		<u>(1)</u>	<u>(1)</u>	Phantom Stock Units	563	\$ 102.8 (2)
Phantom Stock Units	\$ 0 (1)	04/06/2018	Α		293 (4)		<u>(1)</u>	<u>(1)</u>	Phantom Stock Units	293	\$ 0 <u>(4)</u>

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
KLING LEWIS M 200 SOUTH WILCOX KINGSPORT, TN 37660	X					

Signatures

Brian L. Henry, by Power of Attorney

04/10/2018

**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).
- Phantom Stock units credited under the Directors' Deferred Compensation Plan, each having a value equal to the market value of one share of issuer common stock and payable only in cash after termination of service as a director.
- Voluntary deferral at election of director of a portion of director's retainer fees that would otherwise have been paid in cash into the director's stock account of the Directors' Deferred Compensation Plan.
- (3) Includes 209 units credited since October 2, 2017 as hypothetical reinvestment of dividend equivalents.
- Automatic deferral of a portion of director's annual retainer fees into the director's stock account of the Directors' 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.

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