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KAPSTONE PAPER & PACKAGING CORP Form 3 February 08, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number: INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES Expires: Estimater

> 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)

3. Issuer Name and Ticker or Trading Symbol KAPSTONE PAPER & PACKAGING CORP [SCDE]			
5. If Amendment, Date Original Filed(Month/Day/Year)			
6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting			
Iore than One			
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es)			

OMB APPROVAL							
MB umber:	3235-0104						

Number:	
Expires:	January 31, 2005
Estimated a	verage
burden hour	s per
reenonee	0.5

1. Title of Derivative Security	2. Date Exercisable and		3. Title and	l Amount of	4.	5.	6. Nature of Indirect	
(Instr. 4)	Expiration Date (Month/Day/Year)		Securities U	Underlying	Conversion	Ownership	Beneficial Ownership	
			Derivative	Security	or Exercise	Form of	(Instr. 5)	
			(Instr. 4)		Price of Derivative			
	1	Expiration Date	Title	A mount on	Derivative	Security:		
			1	The	Amount or	Security	Direct (D)	
						Number of		or Indirect
				Shares		(I)		

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

STEWART S JAY 100 NORTH RIVERSIDE PLAZA Â X Â Â CHICAGO, ILÂ 60606

Signatures

**Signature of

S Jay Stewart 02/08/2007

Date

Reporting Person Explanation of Responses:

No securities are beneficially owned

* 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).

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.