## Edgar Filing: CALGON CARBON Corp - Form 4

CALGON C	ARBON Corp										
Form 4											
May 07, 201	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	• UNITED S	STATES					NGE C	COMMISSION	OMB	3235-0287	
Check th	is box		Was	shington,	D.C. 20	549			Number:		
if no long	ar.				DENIER				Expires:	January 31, 2005	
subject to	)	IENTOI	' CHAN	GES IN BENEFICIAL OWNERSHIP				NERSHIP OF	Estimated average		
Section 1 Form 4 o				SECUR	ITIES				burden hours per		
Form 5		sugnt to S	Section 1	6(a) of the	o Socurit	ios F	vehana	e Act of 1934,	response 0.		
obligatio	ns Section 17(						-	7 1935 or Section	ı		
may cont	inue.			vestment	•	· ·			1		
See Instru 1(b).	uction	()				5		-			
(Print or Type I	Responses)										
1. Name and A	ddress of Reporting	Person <sup>*</sup>	2. Issuer	Name <b>and</b>	Ticker or	Tradiı	ng	5. Relationship of	Reporting Pers	son(s) to	
NEWLIN WILLIAM R Symbo				-				Issuer			
			CALGON CARBON Corp [CCC]					(Check all applicable)			
(Last)	(First) (N	Middle)	3. Date of	Earliest Tr	ansaction			(Chech	k an applicable	;)	
			(Month/Day/Year)					X Director 10% Owner			
			05/05/2	015				Officer (give titleOther (specify below) below)			
			4 70 4					· ·	,		
				ndment, Da	-			6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Year	)			Applicable Line) _X_ Form filed by C	One Reporting Pe	rson	
MOON TO	WNSHIP, PA 151	108						Form filed by M			
(City)								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date		on Date, if Transaction(A) or Disposed of (D)					5. Amount of	6. Ownership		
Security	(Month/Day/Year)	Execution any						Securities Beneficially	Form: Direct (D) or	rect Indirect Beneficial	
(Instr. 3)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Owned	· · /	Ownership		
			, ,					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
a				Code V	Amount	(D)	Price	(insu: 5 and 1)			
Common	05/05/2015			А	3,796	А	\$0	225,787	D		
Stock $(1)$											
Common Stock	05/05/2015			А	2,680 (2)	А	\$ 22.39	228,467	D		
STOCK							22.59				

Reminder: Report on a separate line for each class of securities beneficially owned directly 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
NEWLIN WILLIAM R 3000 GSK DRIVE MOON TOWNSHIP, PA 15108	Х						
Signatures							
/s/ Richard D. Rose, Attorney-in-Fact		05/06/2015					
<u>**</u> 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) Award of Time Vested Restricted Stock under Calgon Carbon Corporation's 2008 Equity Incentive Plan, a Rule 16B-3 Plan.
- (2) The reporting person has elected to receive common stock in lieu of the annual cash retainer fees payable for services on the Company's Board of Directors and any committee thereof in accordance with the terms of the 1997 Directors' Fee 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.