Edgar Filing: AbbVie Inc. - Form 4

AbbVie Inc.											
Form 4											
October 04, 2016											
FORM 4			GEGU				COMMERCION		PPROVAL		
		STATES		shington,			COMMISSIO	N OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction	ection 1 Public U	NGES IN SECUR (6(a) of th (tility Hold (nvestment	Estimated burden hou response	Estimated average burden hours per response 0.5							
1(b).											
(Print or Type Respon	nses)										
1. Name and Address of Reporting Person <u>*</u> Alpern Robert J			2. Issuer Name and Ticker or Trading Symbol AbbVie Inc. [ABBV]			Trading	5. Relationship of Reporting Person(s) to Issuer				
						(Check all applicable)					
(Last) (First) (Middle) 1 N. WAUKEGAN ROAD			3. Date of Earliest Transaction(Month/Day/Year)09/30/2016			X_ Director 10% Owner Officer (give title Other (specify below) below)					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
NORTH CHICA	GO, IL 6006	54					Form filed by Person	More than One R	eporting		
(City) (S	State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	nsaction Date th/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transaction Code (Instr. 8)	4. Securiti nAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(mour o and T)				
Reminder: Report on	a separate line	for each cla	ass of sec	urities benef	icially own	ned directly of	or indirectly.				
					inform requir	ation cont ed to respo ys a currei	pond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

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	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr.

	Derivative Security				Acqui (A) or Dispo of (D) (Instr. and 5)	sed 3, 4,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Equivalent Units	\$ 0 <u>(1)</u>	09/30/2016	А		104		<u>(1)</u>	<u>(1)</u>	Common Stock	104	\$ 63

Reporting Owners

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
Alpern Robert J 1 N. WAUKEGAN ROAD NORTH CHICAGO, IL 60064	Х			
Signatures				
Steven L. Scrogham, attorney-in Alpern	Robert J.		10/04/2016	
<u>**</u> Signature of Reporting	g Person			Date
Explanation of Pa	onon	0001		

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).

Director fees credited to stock equivalent unit accounts under grantor trusts established by the director at Abbott Laboratories and AbbVie. The stock equivalent units in the Abbott account will be paid, in cash, generally at age 65 or upon retirement from Abbott's

- Abbvie. The stock equivalent units in the Abbvie account will be paid, in cash, generally at age 05 of upon retirement from Abbvie's board, and the stock equivalent units in the AbbVie account will be paid, in cash, generally at age 65 or upon retirement from AbbVie's board. The stock equivalent units in each account earn the same return as if the fees were invested in AbbVie stock.
- (2) Balance includes stock equivalent units acquired pursuant to a dividend reinvestment feature.

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.