OWENS ILLINOIS INC /DE/ Form 3 October 24, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB 2025 OMB

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 Addres Person <u>*</u> ROBERTS H	1	rting	2. Date of Event Statement (Month/Day/Ye		3. Issuer Name and Ticker or Trading Symbol OWENS ILLINOIS INC /DE/ [OI]					
. , .	,	(Middle)	10/18/2007		4. Relationship Person(s) to Is	p of Reporting suer		5. If Amendment, Date Original Filed(Month/Day/Year)		
ONE MICHAEL (Str	reet)				(Check X_ Director Officer (give title below	Other		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (Sta	ate)	(Zip)	Т	able I - N	on-Derivati	ive Securiti	es Bei	neficially Owned		
1.Title of Security (Instr. 4)			В	Amount of Beneficially C Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	1		
Common Stock			3	370		D	Â			
Reminder: Report on owned directly or ind	•	e line for eac	ch class of securi	ties beneficia	ully SE	EC 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 - Deriv	ative Securi	ities Beneficially	y Owned (e.g	g., puts, calls,	warrants, opt	ions, co	onvertible 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)		5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Security Direct (Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
ROBERTS HUGH H ONE MICHAEL OWENS WAY PERRYSBURG, OH 43551	X	Â	Â	Â		
Signatures						
By: James W. Baehren For: Hugh Roberts	H.	10/23/2007				
<u>**</u> Signature of Reporting Person		Ι	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).

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.