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SMUCKER	J M CO									
Form 4	_									
June 08, 200								0145.4		
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							r	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check thi	is box	vv as	sinington,	D.C. 20.	, 4 , 7				January 31,	
if no long		ENT OF CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 1	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated a			
	Form 4 or							burden hou response		
Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							•		
obligation may cont) of the Public U	tility Hold	ling Com	pany	Act o	f 1935 or Sectio	n		
See Instru		30(h) of the In	vestment	Compan	y Act	of 19	40			
1(b).										
(Print or Type F	Desponses)									
(Find of Type r	(esponses)									
1. Name and Address of Reporting Person [*] _2. Issuer Name and Ticker or Trading 5. Relationship of							f Reporting Per	son(s) to		
TROYAK RICHARD F Symbol			-				Issuer			
(2400)	(1100)	,	nth/Day/Year)			Director 10% Owner				
			/06/2005				_X_Officer (give titleOther (specify			
							below) V	below) ice President		
	(Street)	4 If Ama	ndmant Da	to Original					ng(Chaolr	
	Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
		T neu(mor	lill Duy I cui)	,			_X_ Form filed by			
ORRVILLE	e, OH 44667-0280						Form filed by M Person	More than One R	eporting	
(City)	(State) (Zip) Tabl								
(City)	(State) (Tabl	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if	on Date, if TransactionAcquired (A) or Code Disposed of (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 5)		any (Month/Day/Year)					Owned	ndirect (I)	Ownership	
		· · · · · ·	· · · ·	· · · ·		·	Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported Transaction(s)			
					or		(Instr. 3 and 4)			
Common			Code V	Amount 4,955	(D)	Price				
Shares	06/06/2005		А	4,955 (1)	А	\$0	19,790	D		
				<u>``</u>						
Common							4,765.9089	Ι	by ESOP	
Shares									•	

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

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addres	s	Relationships							
1 0	Director	10% Owner	Officer	Other					
TROYAK RICHARD F									
ONE STRAWBERRY LANE	3		Vice President						
ORRVILLE, OH 44667-0280)								
Signatures									
M. Ann Harlan, POA)6/08/2005								

Reporting Person Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Restricted shares granted pursuant to The J. M. Smucker Company 1998 Equity and Performance Incentive Plan, which shares will become unrestricted upon the fourth anniversay of the grant date or as otherwise provided by the 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.

**Signature of