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# Edgar Filing: JOHNSON CONTROLS INC - Form 3

#### JOHNSON CONTROLS INC Form 3 March 22, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

### **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 Address of Reporting Person <u>*</u> Kreh Susan M	2. Date of Event Requiring Statement (Month/Day/Year)			or Trading Symbol LS INC [JCI]
(Last) (First) (Midd	.) 03/21/2007	4. Relationship Person(s) to Is		5. If Amendment, Date Original Filed(Month/Day/Year)
5757 N. GREEN BAY AVENUE, P.O. BOX 591		(Check	all applicable)	
(Street) MILWAUKEE, WI 5320		Director X Officer (give title below Vice Pres. &	Other	ow) _X_ Form filed by One Reporting
(City) (State) (Zip	Table I - I	Non-Derivati	ive Securiti	es Beneficially Owned
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	0		D	Â
information required to r	or each class of securities benefic respond to the collection of ontained in this form are no spond unless the form disp d OMB control number.	t SE	EC 1473 (7-02	)

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	Expiration Date	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships				
FB	Director	10% Owner	Officer	Other	
Kreh Susan M 5757 N. GREEN BAY AVENUE P.O. BOX 591 MILWAUKEE, WI 53201	Â	Â	Vice Pres. & Corp. Controller	Â	
Signatures					
Susan M. Kreh 03/22/2	2007				
<u>**</u> Signature of Date Reporting Person	e				

# **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.