Edgar Filing: ECOLAB INC. - Form 4/A

FCOLAR INC

Form 4/A July 07, 201											
· · ·									OMB APPROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Publ 30(h) of the				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES etion 16(a) of the Securities Exchange Act of 1934, blic Utility Holding Company Act of 1935 or Section the Investment Company Act of 1940					Expires: Estimated a burden hour response		
1(b). (Print or Type	Responses)										
ETTINGER JEFFREY M Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/				e of Earliest Transaction h/Day/Year) D/2017				X_ Director 10% Owner Officer (give title Other (specify below)			
Filed(Mo			Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SAINT PA	UL, MN 55102	(07/05/2	017				Form filed by M Form filed by M Person			
(City)	(State)	(Zip)	Tabl	le I - Non-l	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactic Code (Instr. 8) Code V	omr Dispose (Instr. 3, 4	ed 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)	
Common Stock	06/30/2017			A	246.15 (1)	A	\$ 132.52	3,815 <u>(1)</u> <u>(2)</u>	D		

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)

Reporting Owners

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1. Title o	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9
Derivativ	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Ι
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	F
	Derivative				Securities			(Instr	. 3 and 4)		(
	Security				Acquired						F
					(A) or						F
					Disposed]
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable Date		of			
				Code V	(A) (D)				Shares		
					() (-)						

Reporting Owners

Reporting Owner Name / Address		Relationsh			
	Director	10% Owner	Officer	Other	
ETTINGER JEFFREY M C/O ECOLAB INC. 1 ECOLAB PLACE SAINT PAUL, MN 55102	Х				
Signatures					
/s/ David F. Duvick, as Attorne Ettinger	07/07/2017				

**Signature of Reporting Person

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).
- This amendment is being filed to correct the number of shares acquired by the reporting person from the 215.79 shares reported on his (1) original Form 4 filed on July 5, 2017 to the 246.15 shares reported above and to make a corresponding correction to his end of period holdings from 3,784.64 shares to 3,815 shares.
- Includes 8.76 shares acquired pursuant to a dividend reinvestment feature of the Ecolab Inc. 2001 Non-Employee Director Stock Option (2) and Deferred Compensation 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.

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Deriv

Secu Bene Own Follo Repo Trans (Insti

Date