Edgar Filing: McCormick Michael C. - Form 4

McCormick 1	Michael C.										
Form 4											
December 08											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							т	OMB APPROVAL		
	UNITE	LDSIAIE					NGE	COMMISSION	OMB Number:	3235-0287	
Check this box Washington, D.C. 20					D.C. 203	'-'				January 31,	
-	if no longer which to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	Expires: 200			
	subject to Section 16. SECURITIES						Estimated average burden hours per				
	Form 4 or							response 0.5			
Form 5	Filed	pursuant to	Section 16	6(a) of the	Securiti	es Ex	kchang	ge Act of 1934,			
obligation may cont				•	•			of 1935 or Section	n		
See Instru		30(h) of the Inv	vestment	Company	/ Act	of 19	40			
1(b).											
(Print or Type F	Responses)										
	ddress of Report.	ing Person [*]	2. Issuer	Name and	Ticker or T	radin	g	5. Relationship o	f Reporting Per	son(s) to	
McCormick	Symbol	Symbol ECOLAB INC. [ECL]				Issuer					
						ECOLA	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(end	en un apprieuer	-)		
				(Month/Day/Year)				Director 10% Owner			
1 ECOLAB	PLACE		12/06/20)17				X Officer (giv below)	e title Oth below)	er (specify	
								Ex.VI	P, GC & Secreta	ary	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year)				Applicable Line)			
		`						_X_ Form filed by Form filed by 1	One Reporting Po More than One Ro		
SAINT PAU	JL, MN 55102	2						Person		· · · · · · · · · · · · · · · · · · ·	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction			3.	4. Securit			5. Amount of	6. Ownership		
Security	(Month/Day/Y		ion Date, if		onAcquired			Securities Beneficially	Form: Direct	Indirect Beneficial	
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3, 4			Owned	(D) or Indirect (I)	Ownership	
		X	· · · · · · · · · · · · · · · · · · ·	((- /	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	,,			
Common Stock								50,379.162	D		
STOCK											

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 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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee Stock Option (Right to Buy)	\$ 137.087	12/06/2017		A	13,819	12/06/2018 <u>(1)</u>	12/06/2027	Common Stock	13,8

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
McCormick Michael C. 1 ECOLAB PLACE SAINT PAUL, MN 55102			Ex.VP, GC & Secr	etary			
Signatures							
/s/ David F. Duvick, as Attorne McCormick	I C.	12/08/2017					

<u>**</u>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).

The option will be exercisable, on a cumulative basis, as to one-third of the option shares (excluding any fractional portion less than one

Date

(1) share), on each of the first and second anniversaries of the date of grant and as to the remaining shares on the third anniversary of the date of grant.

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.