**IVERSON ANN** Form 4 February 27, 2013

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** 

3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

0.5

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

**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 may continue.

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Ad IVERSON A             | Symbol                                  | 2. Issuer Name and Ticker or Trading Symbol Owens Corning [OC] |  |   |                               | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable) |  |   |   |  |  |
|--------------------------------------|---|--|--|---|-------------------------------|--|--|---|---|--|--|
| (Last)                               | (First) (M                              | iddle) 3. Date of  | 3. Date of Earliest Transaction        |   |                               |  | (CIR   | ск ин аррисаол  | <i>C)</i>   |  |  |
| ONE OWEN<br>PARKWAY                  | `                                       | (Month/Day/Year)<br>02/25/2013                                 |  |   |                               |  | X Director 10% Owner Officer (give title below) Other (specify below)  |   |   |  |  |
|                                      | (Street)                                | 4. If Ame  | 4. If Amendment, Date Original         |   |                               |  |  | 6. Individual or Joint/Group Filing(Check   |   |  |  |
| TOLEDO, C                            | OH 43659                                | Filed(Mon  | Filed(Month/Day/Year)                  |   |                               |  |  | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting |   |  |  |
| TOLLEO, C                            |   |  |  |   |                               |  | Person   |   |   |  |  |
| (City)                               | (State) (Z                              | Zip) Table   | e I - Non-D                            | erivative S   | ecuriti                       | ies Acc  | quired, Disposed   | of, or Beneficia  | lly Owned   |  |  |
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)    | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securion<br>OnAcquired<br>Disposed<br>(Instr. 3, | (A) or of (D) 4 and 5  (A) or | )  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)                          | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Value<br>Common                      | 02/25/2013                              |  | A                                      | 811 (1)   | A                             | \$0  | 35,721   | D   |   |  |  |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: IVERSON ANN - Form 4

| 1. Title of           | 2.          | 3. Transaction Date |                    | 4.         | 5.                       | 6. Date Exerc       |                 | 7. Titl   |            | 8. Price of | 9. Nu  |
|-----------------------|-------------|---------------------|--------------------|------------|--------------------------|---------------------|-----------------|-----------|------------|-------------|--------|
| Derivative Conversion |             | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber Expiration Date |                     | ate             | Amount of | Derivative | Deriv       |        |
| Security              | or Exercise |                     | any                | Code       | of                       | (Month/Day/         | Year)           | Under     | lying      | Security    | Secui  |
| (Instr. 3)            | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative               | e                   |                 | Securi    | ities      | (Instr. 5)  | Bene   |
|                       | Derivative  |                     | •                  |            | Securities               |                     |                 | (Instr.   | 3 and 4)   |             | Owne   |
|                       | Security    |                     |                    |            | Acquired                 |                     |                 |           |            |             | Follo  |
|                       |             |                     |                    |            | (A) or                   |                     |                 |           |            |             | Repo   |
|                       |             |                     |                    |            | Disposed                 |                     |                 |           |            |             | Trans  |
|                       |             |                     |                    |            | of (D)                   |                     |                 |           |            |             | (Instr |
|                       |             |                     |                    |            | (Instr. 3,               |                     |                 |           |            |             | (      |
|                       |             |                     |                    |            | 4, and 5)                |                     |                 |           |            |             |        |
|                       |             |                     |                    |            | .,                       |                     |                 |           |            |             |        |
|                       |             |                     |                    |            |                          |                     |                 |           | Amount     |             |        |
|                       |             |                     |                    |            |                          | Date<br>Exercisable | Expiration Date | Title 1   | or         |             |        |
|                       |             |                     |                    |            |                          |                     |                 |           | Number     |             |        |
|                       |             |                     |                    |            |                          |                     |                 |           | of         |             |        |
|                       |             |                     |                    | Code V     | (A) (D)                  |                     |                 |           | Shares     |             |        |

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

IVERSON ANN
ONE OWENS CORNING PARKWAY X

TOLEDO, OH 43659

## **Signatures**

Melissa M. Gleespen by POA filed on 05/04/2011

02/27/2013

\*\*Signature of Reporting Person

Date

## **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).
- (1) Deferred share portion of quarterly Director retainer/fees.

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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