

## **CLEARWATER PAPER CORP**

# Reported by LARSSON WILLIAM D

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 05/11/17 for the Period Ending 05/09/17

Address 601 WEST RIVERSIDE AVENUE

**SUITE 1100** 

SPOKANE, WA 99201

Telephone 509.344.5900

CIK 0001441236

Symbol CLW

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LARSSON	WILLIA	M D		C	lea	rwater	Pap	er (	Corp	[(	CLW]			incable)		00/ 0	
(Last) (First) (Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Y)	X _ Director10% Owner  Officer (give title below) Other (specify below)				below)	
601 WEST RIVERSIDE AVENUE, SUITE 1100					5/9/2017										,	()	,
TIVETOE, E	(Str			4.	If A	mendme	nt, Da	ate C	Origina	al Fi	led (MM/I	DD/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
SPOKANE, WA 99201 (City) (State) (Zip)													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(50	(2		- Non-De	riva	tive Secu	ıritie	s Ac	quire	d, D	isposed	of, or Be	neficially Own	ed			
1.Title of Security (Instr. 3)			. Trans. Date	Date 2A. Deemed Execution Date, if any		(Instr.	3. Trans. Code (Instr. 8)		or Dis (Instr	Securities Acquired (A) Disposed of (D) nstr. 3, 4 and 5)  (A) or mount (D) Price		Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Tab	ole II - Der	ivative S	ecurities	Ben	eficially	Own	ied (	e.g. ,	puts	s, calls, v	varrants,	options, conve	rtible sec	urities)		
(Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if any	ed 4. Trans. Code (Instr. 8)	5. Number of Derivative See Acquired (A) Disposed of (I (Instr. 3, 4 and		Securi A) or of (D)	Securities Exp		tte Exercisable and ration Date		7. Title and Securities I Derivative (Instr. 3 and	Underlying Security		9. Number of derivative Securities Beneficially Owned	Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	(A)		(D)	Date Exercis		Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Phantom Common Stock	\$44.90	5/9/2017		A		1985.309	)		<u>(2)</u>	)	<u>(2)</u>	Common Stock	1985.309 (3)	\$44.90	52809.51	D	

#### **Explanation of Responses:**

- (1) Phantom stock units are credited to the reporting person's account on the transaction date in accordance with the provisions of the Clearwater Paper Corporation Deferred Compensation Plan for Directors and will be converted to cash and paid on a 1-for-1 basis with the issuer's common stock.
- (2) Phantom stock units will be converted to cash and paid upon the reporting person's termination from service with Clearwater Paper in accordance with the provisions of the Clearwater Paper Corporation Deferred Compensation Plan for Directors.
- (3) Phantom stock unit beneficial ownership represents phantom stock allocated to the reporting person's Deferred Compensation Account since the reporting person's last report. These phantom stock allocations represent an annual award grant for service from May 1, 2017 through April 30, 2018. These phantom stock units will vest May 1, 2018.

#### **Reporting Owners**

reporting Owners								
Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner		Other				
LARSSON WILLIAM D								
601 WEST RIVERSIDE AVENUE	X							
SUITE 1100	Λ							
SPOKANE, WA 99201								

#### **Signatures**

/s/ Michael S. Gadd, Attorney-in-Fact 5/11/2017

\*\* Signature of Reporting Person Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.