

POTLATCH CORP

Reported by **BRADY STEPHANIE A**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/21/17 for the Period Ending 02/16/17

Address 601 WEST FIRST AVENUE

SUITE 1600

SPOKANE, WA 99201

Telephone (509) 835-1500

CIK 0001338749

Symbol PCH

SIC Code 6798 - Real Estate Investment Trusts

Industry Specialized REITs

Sector Financials

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

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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 and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Br	ady Steph	anie A				PC	TI	ATC	H COR	P []	PCH	1							
==					4			iest Trans				YY)	Director	Director 10% Owner					
(Last) (First) (Middle)				J. 1	Juic	or Burn	iost Trains	actio.	11 (11111)	<i>DD</i> , 1 1	,		X Officer (X _ Officer (give title below) Other (specify below)					
C/	O POTLA	тсн со	RPOR	ATIO	N. W				2/1	6/2(017				Controller				
	1 FIRST A				11, 11.														
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SPOKANE, WA 99201													X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
	(C	ity) (Sta	ite) (Z	ip)											Form filed by	More than	One Reporting I	Person	
															·				
				Table	I - Non-	Der	ivati	ive Seci	urities Ac	quir	ed, Di	spose	l of	f, or l	Beneficially Own	ed			
	tle of Security					Date		Deemed	3. Trans. Co	ode	4. Securities Acqui				5. Amount of Securities Beneficially		6.	7. Nature	
(Ins	tr. 3)						Execution Date, if any		(Instr. 8)		or Disposed of (D) (Instr. 3, 4 and 5)					Following Reported Transaction(s) (Instr. 3 and 4)			of Indirect Beneficial
												T			Direct (D) Owners			Ownership	
												(A)	or					(I) (Instr.	(Instr. 4)
									Code	V	Amou		_	Price				4)	
Con	nmon Stock				2/16/201	.7		A		492	192 (1) A		\$0.00	22.	88.807 (2)		D		
Con	nmon Stock															777 (3)		I	401K
	id 00 i								,	_	_				ts, options, conve			I.o.	I.i. sv.
1. T Seci	itle of Derivate	2. Conversion	Trans.Date	3A. Dee Execution		rans. (tr. 8)	Code	Numb Derivativ	er of ve Securities		ate Exei iration I				e and Amount of ties Underlying			10. Ownership	Nature of Indirect
(Instr. 3)		or Exercise Price of		Date, if a	any			Acquired Disposed							ative Security 3 and 4)	Security (Instr. 5)	Securities Beneficially	Form of	Beneficial Ownership
		Derivative							4 and 5)					(msu.	3 and 4)	(111501. 3)	Owned	Security:	(Instr. 4)
		Security								Date		Expiration	on		Amount or Number of		Following Reported	Direct (D) or Indirect	
									(70)		rcisable		OII		Shares		Transaction(s)	(I) (Instr.	
				1	C	ode	V	(A)	(D)								(Instr. 4)	4)	
Ex	planation of	Responses	:																
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1)															an amount equal				
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	2019.		- 5																- ,
(
2)	Includes adj	ustments fo	or dividend	ds accru	ied.														
(3)	Reflects per	iodic contri	butions to	the issu	uer's con	nmo	n sto	ck fund	l in the iss	uer's	401(1) plan							
Re	marks:																		
Re	porting Ov	vner:																	
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	K 0001638				•				-										

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Brady Stephanie A C/O POTLATCH CORPORATION W. 601 FIRST AVE., STE. 1600 SPOKANE, WA 99201			Controller					

Reporting Owners

/s/ Lorrie D. Scott Attorney-in-Fact

**Signature of Reporting Person

2/21/2017

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.