Edgar Filing: WestRock Co - Form 4/A

| WestRock Co Form 4/A | | | | | | | | | | |
|---|---------------------------------|---|-------------------------------------|--|---|------------------------------|---|--|---|--|
| November 18 FORM Check this if no longe subject to Section 16 Form 4 or | 4 UNITE | 15 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | |
| Form 5 obligation: may contin <i>See</i> Instruct 1(b). | s Section | 7(a) of the | Public Uti | ility Holdi | ing Com | | ge Act of 1934, ff 1935 or Sectic 40 | on | | |
| (Print or Type Ro | esponses) | | | | | | | | | |
| 1. Name and Ac WILSON AI | - | ess of Reporting Person [*] 2. Issuer Name and Ticker or Trading N D Symbol WestRock Co [WRK] 5. Relationship of Reporting Pers | | | | son(s) to | | | | |
| | | | | L | - | | (Check all applicable) | | | |
| (Last) (First) (Middle) 504 THRASHER STREET | | | 3. Date of (Month/Da 10/29/20 | - | nsaction | | XDirector10% Owner Officer (give titleOther (specify below)below) | | | |
| Filed(Mon | | | | ndment, Date h/Day/Year))15 | e Original | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| NORCROSS | , GA 30071 | | | | | | Person | viore than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecurities Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Ye | ear) Executio any | emed on Date, if 'Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securit nAcquired Disposed (Instr. 3, 4 | (A) or of (D) 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | (A) or | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | | | | Code V | Amount | (D) Price | 1,035 <u>(1)</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 of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transact | 5. | her | 6. Date Exerce Expiration D | | 7. Titl Amou | | 8. Price of Derivative | 9. Nu Deriv |
|---------------------------|---|---|------------------|--------------------|------------|--|--------------------------------|--------------------|-----------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Monur Day Tear) | (Month/Day/Year) | Code (Instr. 8) | of Deri | vative rities uired or osed)) r. 3, | (Month/Day/Year) | | Under Secur | rlying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | ips | |
|--|----------|------------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| WILSON ALAN D 504 THRASHER STREET NORCROSS, GA 30071 | Х | | | |
| Signatures | | | | |

Robert B. McIntosh (attorney-in-fact pursuant to power of attorney previously filed with SEC)

<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).
- (1) Grant of 1,035 shares of restricted stock awarded 10/29/2015 vesting January 30, 2016, previously reported as vesting one year anniversary.

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.

11/17/2015

Date