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CHASE CORI	Р							
Form 4 February 24, 2	2015							
FORM	Л				OMB A	PPROVAL		
	UNITED S		TIES AND EXCHANG	E COMMISSION	OMB Number:	3235-0287		
Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	DWNERSHIP OF ange Act of 1934, et of 1935 or Section 1940	Expires: January 2 Expires: 20 Estimated average burden hours per response 0						
(Print or Type Re	sponses)							
1. Name and Add CHASE PETI	dress of Reporting Pe ER R	Symbol	Name and Ticker or Trading CORP [CCF]	5. Relationship of I Issuer				
(Last)	(First) (Mi	ddle) 3. Date of l	Earliest Transaction	(Cneck	(Check all applicable)			
26 SUMMER	STREET	(Month/Da 02/20/20	-	below)	X Officer (give title Other (specify			
BRIDGEWA	(Street) TER, MA 02324	4. If Amen Filed(Mont	dment, Date Original h/Day/Year)	6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Pe	erson		
(City)	(State) (Z	^{Zip)} Table	I - Non-Derivative Securities		or Beneficia	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed	3. 4. Securities Acqu Transaction(A) or Disposed o Code (Instr. 3, 4 and 5) (Instr. 8) (A) or	ired 5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Chase Corporation Common Stock				667,901	D			
Chase Corporation Common Stock				73,980 <u>(1)</u>	I	Peter R. Chase 2013 Annuity Trust		
Chase Corporation Common				150,880 <u>(4)</u>	I	Peter R. Chase 2014		

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Stock								Annuity Trust
Chase Corporation Common Stock	02/20/2015	S	275	D	\$ 43.02 (3)	178,957 <u>(2)</u>	Ι	Peter R. Chase Insurance Trust

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	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)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Othe				
CHASE PETER R 26 SUMMER STREET BRIDGEWATER, MA 02324	Х	Х	Executive Chairman					
Signatures								
Paula Myers by power of attorney	()2/24/2015						
**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).

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- (1) Represents shares held by the Peter R. Chase 2013 qualified Annuity Trust, a grantor retained annuity trust.
- (2) Represents shares held by the Peter R. Chase Insurance Trust.
- (3) Reflects shares sold pursuant to a trading plan that was adopted on August 25, 2014 complying with rule 10b5-1 under the Securities Act of 1934, as amended.
- (4) Reflects shares held by the Peter R. Chase 2014 qualified Annuity Trust, a grantor retained annuity trust.

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.