

Mogefors Svante  
Form 3/A  
May 20, 2011

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Å Mogefors Svante

(Last) (First) (Middle)

C/O AUTOLIV, INC., WORLD TRADE  
CENTER, Å KLARABERGSVIADUKTEN  
70

(Street)

STOCKHOLM, Å V7 Å SE-107 24

(City) (State) (Zip)

2. Date of Event  
Requiring Statement  
(Month/Day/Year)  
04/01/2005

3. Issuer Name and Ticker or Trading Symbol  
AUTOLIV INC [ALV]

4. Relationship of  
Reporting Person(s) to  
Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10%  
Owner  
\_X\_ Officer \_\_\_ Other  
(give title (specify below)  
below)  
Vice President Quality

5. If Amendment, Date  
Original Filed(Month/Day/Year)  
04/01/2005

6. Individual or Joint/Group  
Filing(Check Applicable Line)  
\_X\_ Form filed by One Reporting  
Person  
\_\_\_ Form filed by More than One  
Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security  
(Instr. 4)

2. Amount of Securities  
Beneficially Owned  
(Instr. 4)

3. Ownership  
Form:  
Direct (D)  
or Indirect  
(I)  
(Instr. 5)

4. Nature of Indirect Beneficial  
Ownership  
(Instr. 5)

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and  
Expiration Date  
(Month/Day/Year)

Date Exercisable Expiration Date

3. Title and Amount of  
Securities Underlying  
Derivative Security  
(Instr. 4)

Title Amount or Number of Shares

4. Conversion or Exercise  
Price of  
Derivative  
Security

5. Ownership  
Form of  
Derivative  
Security:  
Direct (D)  
or Indirect

6. Nature of Indirect  
Beneficial  
Ownership  
(Instr. 5)

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|                        |            |            |              |       |               | (I)<br>(Instr. 5) |   |
|------------------------|------------|------------|--------------|-------|---------------|-------------------|---|
| Restricted Stock Units | 01/10/2008 | 01/10/2008 | Common Stock | 1,000 | \$ <u>(1)</u> | D                 | Â |
| Stock Option           | 01/10/2006 | 01/10/2015 | Common Stock | 3,000 | \$ 47.46      | D                 | Â |

## Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                          |       |
|--|---------------|-----------|--------------------------|-------|
|  | Director      | 10% Owner | Officer                  | Other |
| Mogefors Svante<br>C/O AUTOLIV, INC., WORLD TRADE CENTER<br>KLARABERGSVIADUKTEN 70<br>STOCKHOLM, Â V7Â SE-107 24 | Â             | Â         | Â Vice President Quality | Â     |

## Signatures

/s/ Svante  
Mogefors

05/20/2011

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) The Restricted Stock Units and the Stock Options were granted under the Company's Stock Incentive Plan of 1997, as amended, at no cost to the reporting person.

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### Remarks:

CorrectionÂ ofÂ TableÂ II.

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.