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WAUSAU I	PAPER CORP.										
Form 4											
July 02, 201	5										
FORM	14		an aru		~					OMB AP	PROVAL
	UNITED	STATES				ND EXC D.C. 205		GE C	OMMISSION	OMB Number:	3235-0287
Check th if no lon	der.									Expires:	January 31, 2005
subject to STATEMENT OF CHANGES IN BENEF Section 16. SECURITIES Form 4 or					CIAL	OWN	ERSHIP OF	Estimated average burden hours per response 0.5			
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 170	(a) of the l	Public U	tility H	loldi		pany 4	Act of	e Act of 1934, 1935 or Section 0	I	
(Print or Type	Responses)										
1. Name and A CRAKER S	Address of Reporting SHERRI L	Person <u>*</u>	Symbol			Ticker or T	-		5. Relationship of I Issuer		
(Last)	(First) (Middle)	3. Date of	f Earliest	t Trai	isaction			(Check	all applicable)	1
	RIDGE ROAD	. ,	(Month/I 06/15/2	Day/Year					Director X Officer (give to below)		Owner r (specify
	(Street)		4. If Ame Filed(Mos			Original			6. Individual or Joi Applicable Line) _X_ Form filed by O		
MOSINEE,	, WI 54455								Form filed by Mo Person	ore than One Rep	oorting
(City)	(State)	(Zip)	Tab	le I - Noi	n-De	rivative So	ecuriti	es Acai	iired, Disposed of,	or Beneficiall	v Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ied Date, if	3. Transac Code (Instr. 8	2 ction((3)	ł. Securitie A) or Disp Instr. 3, 4	(A) or	uired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect
No Par Value Common Stock				Code	v	Amount	(D)	Price	645 <u>(1)</u>	Ι	401(k) Trust
No Par Value Common Stock	06/15/2015			J <u>(2)</u>	V	98.8252	A	\$ 9.23	30,939.4234	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 (9-02)

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		•	7. Title and Underlying (Instr. 3 and
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
Performance Rights	\$ 0 <u>(2)</u>	06/15/2015		A <u>(3)</u> V	72.1839	01/02/2016(3)	01/02/2016(3)	Common Stock
Performance Rights	\$ 0 <u>(2)</u>	06/15/2015		A <u>(4)</u> V	52.7063	01/03/2017(4)	01/03/2017(4)	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships						
I O	Director	10% Owner	Officer	Other			
CRAKER SHERRI L 800 OAK RIDGE ROAD MOSINEE, WI 54455			SVP & CFO				
Clause structures							

Signatures

Robert J. Gitter,	07/02/2015
Attorney-in-Fact	07/02/2013

**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) Estimated amount. Represents an unallocated interest in a 401(k) common stock investment fund.

Date

(2) Converts to common stock on a one-for-one basis.

On June 19, 2014, the performance rights vested in accordance with the change in control provisions included in the performance rights(3) grant agreement. The rights are fully vested and are exercisable at the earlier of the Reporting Person's separation from the issuer or January 2, 2016.

On June 19, 2014, the performance rights vested in accordance with the change in control provisions included in the performance rights(4) grant agreement. The rights are fully vested and are exercisable at the earlier of the Reporting Person's separation from the issuer or January 3, 2017.

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.