Edgar Filing: UNIVERSAL CORP /VA/ - Form 4

UNIVERSA	L CORP /VA/										
Form 4											
June 09, 201	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi if no long	rer.								Expires:	January 31,	
subject to STATEMENT OF				CHANGES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average	
	Section 16.				SECURITIES				burden hours per		
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5	
obligation	ns Section 1						•	7 1935 or Section	n		
may cont <i>See</i> Instru	inue.			vestment	•	· ·					
1(b).	letion				1	•					
(Print or Type F	Responses)										
1. Name and A	ddress of Reportir	ng Person *	2 Issue	r Name and	Ticker or	Tradii	nα	5. Relationship of	Reporting Pers	son(s) to	
	ston Douglas	-8	Symbol	2. Issuer Name and Ticker or Trading Symbol				Issuer		(.)	
			UNIVERSAL CORP /VA/ [UVV]				VV]				
			3. Date of	3. Date of Earliest Transaction				(Check all applicable)			
(Mon				Month/Day/Year)				Director		Owner	
			06/08/2015					_X_ Officer (give title Other (specify below)			
								· ·	ral Counsel &	Secy	
			4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
			Filed(Mor					Applicable Line)			
DICUNION	D X/A 22225							_X_ Form filed by C Form filed by M			
RICHMON	D, VA 23235							Person		1 0	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	med 3. 4. Securities Acquired					5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea	n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct			
(Instr. 3)		any (Month/l	Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8)				5)	•	· · /	Beneficial Ownership	
		X						Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	р.	(Instr. 3 and 4)			
Common				Code V			Price \$				
Stock	06/08/2015			F	776 <u>(1)</u>	D	ф 52.79	42,897 <u>(2)</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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: UNIVERSAL CORP /VA/ - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Director	10% Owner	Officer	Other			
Wigner Preston Douglas 9201 FOREST HILL AVENUE RICHMOND, VA 23235			VP, General Counsel & Secy				

Signatures

Preston D. 06/09/2015 Wigner

**Signature of Reporting Person Date

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) Disposition of common stock to satisfy the tax withholding obligation upon vesting of restricted stock units and dividend units on the restricted stock units.

Includes 19,100 restricted stock units and 1,482 dividend units on the restricted stock units. The restricted stock units and the dividend
 (2) units vest on the fifth anniversary of the award date, however, payment will be delayed until termination of service if the individual is a covered employee under Code Section 162(m) on the date of vesting.

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.