## Edgar Filing: Lonergan Edward F - Form 4

Lonergan Ed	ward F											
Form 4												
April 05, 201	.8											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB	3235-0287				
Check thi	s box		vv as	nington,	D.C. 205	49			Number:	January 31,		
if no long		ENT OF	T CHAN	GES IN I	RENEFI	~TAT	OW	NERSHIP OF	Expires: 20			
subject to	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average					
Section 16. Form 4 or				BLUUK					burden hours per response 0.			
Form 5								16300136	0.5			
obligation	<sup>18</sup> Section $17(a$						U	f 1935 or Section	n			
may conti <i>See</i> Instru	inue.			vestment								
1(b).												
(Print or Type R	Responses)											
1 Name and A	ddrass of Doporting D	larson *	0 T		<b>T</b> : 1 <b>T</b>			5 Deletionship of	Deporting Dar	aon(s) to		
Lawrence Educed E				Name and	Ticker or T	rading	5	5. Relationship of Reporting Person(s) to Issuer				
Lonergan Edward P			Symbol									
		Owens Corning [OC]					(Check all applicable)					
(Last)	(First) (M	iddle)		Earliest Tra	ansaction			V D'	100	0		
			(Month/D) 04/03/20	-				X_ Director 10% Owner Officer (give title Other (specify				
PARKWAY			04/03/20	/10				below)	below)			
(Street) 4. I			4. If Amondmont, Data Original					6 Individual or Joint/Group Filing/Chask				
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(mon	ul/Day/Tear)				_X_ Form filed by One Reporting Person				
TOLEDO, C	DH 43659							Form filed by N Person	Iore than One Re	porting		
(City)	(State) (	Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	2A. Deer	ned	3.	4. Securiti	es Ac	quired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction(A) or Disposed of					Form: Direct (D) or	Beneficial		
(Instr. 3)				$\begin{array}{c} \text{Code}  (\text{D}) \\ (1 + 2)  (1 + 2)  (1 + 5) \end{array}$			Beneficially					
		(Month/1	Jay/Year)	(Instr. 8) (Instr. 3		str. 3, 4 and 5)			Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported				
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
\$.01 Par					52.256							
Value	04/03/2018			А	$\frac{(1)}{(1)}$	А	\$0	22,125.728	D			
Common					_							

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. Titl Deriva Securi (Instr.	ative ity	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
					Code V	′ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Lonergan Edward F ONE OWENS CORNING PARKWAY TOLEDO, OH 43659	Х						
Signatures							
/s/Omar N. Chaudhary, Attorney-in-Fact	04/0	5/2018					
**Signature of Reporting Person	Ľ	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).

(1) Additional shares reflect the reinvestment of dividends or dividend equivalents.

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.