Edgar Filing: ALBEMARLE CORP - Form 4

ALBEMAR	RLE CORP											
Form 4												
February 05									0145	APPROVAL		
FORM	14	UNITED STATES SECURITIES AND EXCHANGE COMMISSION										
		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287				
Check the check								January 31,				
subject		MENT O	F CHAN		Expires: Estimate	Estimated average						
Section		SECUI		burden hours per								
Form 4	~ •		~		- 1		response	e 0.5				
Form 5 obligation	onc *						-	ge Act of 1934,				
may cor See Inst 1(b).	ntinue. Section 17			itility Hol	•	-	•	f 1935 or Sectio 40	on			
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u>			2. Issuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to				
Tozier Sco	tt		Symbol					Issuer				
	ALBEI	MARLE (CORP [A	ALB]		(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) Director					(Che	cek all applicable)			
ALBEMARLE			02/04/2015					_X_ Officer (give title Other (specify below)				
CORPORA STREET	ATION, 451 FLO	RIDA						· ·	ice Presdient	& CFO		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			BATON R	OUGE, LA 7080	1						Person	whole than one
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities Aco	quired, Disposed o	of, or Benefic	ially Owned		
1.Title of	2. Transaction Date	e 2A. Deen	1			5. Amount of	6.	7. Nature of				
Security	(Month/Day/Year)		n Date, if		on(A) or Di	-		Beneficially H	Ownership	Indirect		
(Instr. 3)		any (Month/D)av/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)		Form: Direct (D)	Beneficial Ownership		
		()		(1104.0)				Following	or Indirect			
						(A)		Reported	(I)			
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common	00/04/2015			Ŧ	1.020		\$	1 464 (1)	T	Albermarle		
Stock	02/04/2015			Ι	1,039	А	48.94	1,464 <u>(1)</u>	Ι	Savings		
										Plan		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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				
Tozier Scott ALBEMARLE CORPORATION 451 FLORIDA STREET BATON ROUGE, LA 70801			Senior Vice Presdient & CFO					
Signatures								
/s/ Steven L. Bray, Attorney-in-fact	02	/05/2015						
<u>**</u> 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).
- The Reporting Person effected an intra-plan transfer of funds held in other investment options into the Albemarle Co. Stock Fund under
 (1) the company sponsored 401(k) plan, the Albemarle Savings Plan. The transaction was a discretionary transaction exempt under Rule 16b-3(f).

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.