## Edgar Filing: SILGAN HOLDINGS INC - Form 4

SILGAN HO	OLDINGS INC										
Form 4	015										
March 03, 2											
FORM	$14_{\text{UNITED}}$	STATES	SECU	RITIFS A	ND FX	сна	NGE C	OMMISSION	OMB APPROVAL		
Check th	RITIES AND EXCHANGE COMM shington, D.C. 20549					OMB Number:	3235-0287				
if no longer				NGES IN BENEFICIAL OWNERSHI SECURITIES					Expires: Estimated a burden hour response		
Form 5 obligations may continue. See Instruction 1(b). 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							l				
(Print or Type	Responses)										
			2. Issuer Name <b>and</b> Ticker or Trading Symbol SILGAN HOLDINGS INC [SLGN]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I	Middle)		f Earliest Ti				(Check	all applicable	)	
, <i>,</i> ,	RTH OUTER FOR	,		Day/Year)	lunsuetion			Director X Officer (give below) Presiden		Owner r (specify ics	
	(Street) 4. If Ame Filed(Mon				ate Origina r)	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHESTERI	FIELD, MO 6301	7						Form filed by M Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities Acqu	ired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deen Execution any (Month/D						spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or	Price	(Instr. 3 and 4)			
Common Stock	03/01/2015			F	1,818	D	\$ 57.525	18,080	D		
Common Stock	03/01/2015			А	4,300	А	<u>(1)</u>	22,380 <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.

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 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)	<ul> <li>2. 3. Transaction Date</li> <li>Conversion or Exercise</li> <li>Price of</li> <li>Derivative</li> <li>Security</li> </ul>		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans
				Code V	of (D) (Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr
Repo	rting O	wners									
		NT			Rel	lationships					

<b>Reporting Owner Name / Address</b>	reneronships				
	Director	10% Owner	Officer	Other	
Macdonald Sarah T. 14515 NORTH OUTER FORTY, SUITE 210 CHESTERFIELD, MO 63017			President - Silgan Plastics		
Signatures					
/s/ Frank W. Hogan, III, Attorney-in-fact for Sa Macdonald	rah T.		03/03/2015		
<b>**</b> 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).

These securities are restricted stock units that were granted on March 1, 2015 under the Silgan Holdings Inc. 2004 Stock Incentive Plan,
 (1) as amended. These restricted stock units vest ratably over a 5 year period beginning March 1, 2016 and will be settled in shares of Common Stock on a 1-for-1 basis upon vesting.

(2) This amount includes 15,500 restricted stock units that are not yet vested that have been granted under the Silgan Holdings Inc. 2004 Stock Incentive Plan, as amended. Upon vesting, these restricted stock units will be settled in shares of Common Stock on a 1-for-1 basis.

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.