J M SMUCKER Co Form 4 June 11, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Expires: January 31, 2005
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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Fynan Tamara Jean			2. Issuer Name and Ticker or Trading Symbol J M SMUCKER Co [SJM]	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle) 3. Date of Earliest Transaction		3. Date of Earliest Transaction	(Check all applicable)				
ONE STRAWBERRY LANE			(Month/Day/Year) 06/10/2015	Director 10% Owned Officer (give title Other (special below) Vice President				
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check				
ORRVILLE, OH 44667			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative Se	ecur	ities Acqu	ired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	(osec	d 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 Beneficial Ownership (Instr. 4)
Common Shares	06/10/2015		F	181 <u>(1)</u> D)	\$ 111.58	2,857	D	
Common Shares							2,082.365	I	By 401K
Common Shares							1,807.312	I	By ESOP
Common Shares							34	I	By Husband

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	unt of	Derivative	D
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Se
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	В
	Derivative				Securities			(Instr	. 3 and 4)		O
	Security				Acquired						Fo
	•				(A) or						R
					Disposed						Tı
					of (D)						(I
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m: d	or		
						Exercisable	Date	Title			
				G 1 17	(A) (B)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Fynan Tamara Jean

Vice President ONE STRAWBERRY LANE

ORRVILLE, OH 44667

Signatures

/s/ Jeannette L. 06/11/2015 Knudsen, POA

**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).
- Smucker common shares withheld by the Company to satisfy tax liability upon the vesting of restricted stock or restricted stock units, **(1)** pursuant to The J. M. Smucker Company 2010 Equity and Incentive Compensation Plan.
- This amount includes shares acquired under (i) the Company's 401(k) plan since the date of the reporting person's last ownership report **(2)** and (ii) the Company's dividend reinvestment plan as administered by its transfer agent.
- (3) This amount includes shares acquired under the Company's dividend reinvestment plan, as administered by its transfer agent.
- (4) I disclaim beneficial ownership of these shares.

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.

Reporting Owners 2

9. Nu Deriv Secu Bene Own Follo

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