## Edgar Filing: Clearwater Paper Corp - Form 4

Clearwater P	aper Corp										
Form 4											
January 05, 2	2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check thi				0 /					Expires:	January 31,	
subject to STATEMENT OF				GES IN I	BENEFI	NERSHIP OF	Estimated average				
Section 1				SECURITIES					burden hours per		
Form 4 or									response 0.5		
Form 5 obligation	<b>*</b>						•	e Act of 1934,			
may cont	Section 170			-	-	~ -		1935 or Section	1		
See Instru 1(b).	action	30(n)	of the In	vestment	Compan	y Ac	t of 194	0			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person _       2. Iss         HERTZ JOHN       Symbol				2. Issuer Name <b>and</b> Ticker or Trading /mbol				5. Relationship of Reporting Person(s) to Issuer			
			Clearwater Paper Corp [CLW]					(Chaol	r oll omnligghig	\ \	
(Last) (First) (Middle) 3. Da				Date of Earliest Transaction (Check all appl					x an applicable	)	
			(Month/D	ay/Year)				Director	10%	Owner	
	ERSIDE AVE.,	SUITE	12/31/2	014				X Officer (give below)	title Othe below)	er (specify	
1100								· · ·	Vice Presiden	t	
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	int/Group Filin	g(Check	
· · · · · · · · · · · · · · · · · · ·				d(Month/Day/Year)				Applicable Line)			
								_X_Form filed by C	1 0		
SPOKANE,	WA 99201							Form filed by M Person	ore than One Ke	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	e 2A. Deen	ned	3.	4. Securit	ties Ac	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		n Date, if	Transactio		•	. ,	Securities	Form: Direct		
(Instr. 3)		any (Month/E	Dav/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	(D) or Indirect (I)	Beneficial ) Ownership	
		<b>X</b>		(				Following	(Instr. 4) (Instr. 4)	-	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	(			
Common Stock	12/31/2014			F	410 <u>(1)</u>	D	\$ 68.55	29,448	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Secur	le and int 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		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HERTZ JOHN 601 W. RIVERSIDE AVE. SUITE 1100 SPOKANE, WA 99201			Senior Vice President					
Signatures								
/s/ Michael S. Gadd, Attorney-in-Fact	01/05/2015							
**Signature of Reporting Person		Date						
Explanation of Deenenees								

## **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) Represents shares withheld by Clearwater Paper Corporation to satisfy tax withholding requirements due at settlement of restricted stock units.

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.