#### EASTMAN CHEMICAL CO

Form 4

February 24, 2015

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

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

2. Issuer Name and Ticker or Trading

Symbol

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

CRAWFORD STEPHEN GLENN

	EASTM	IAN CHI	EMICAI	. CO	[EMN]	(Check all applicable)					
(Last) (First) (Middle) 200 SOUTH WILCOX			3. Date of Earliest Transaction (Month/Day/Year) 02/20/2015					Director 10% Owner SVP & CTO			
				endment, D nth/Day/Yea		al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
							Person				
(City)	(State)	(Zip)	Tabl	le I - Non-l	Derivative	Secui	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution	med on Date, if Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/20/2015			A	3,135 (1)	A	\$ 0	4,196	D		
Common Stock	02/20/2015			F	889 (2)	D	\$ 75.47	3,307	D		
Common Stock								640	I	By ESOP	
Common Stock								323 (3)	I	By 401(k) Plan	
Common Stock								209	I	By Spouse in ESOP	

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By Spouse Common 45 Ι in 401(k) Stock Plan

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
]	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Date		Amount of	Derivative	Deriv
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secui
(Instr. 3)		Price of		(Month/Day/Year)	(Instr. 8)	Derivative	•		Securities	(Instr. 5)	Bene
		Derivative				Securities			(Instr. 3 and	4)	Own
		Security				Acquired					Follo
		•				(A) or					Repo
						Disposed					Trans
						of (D)					(Instr
						(Instr. 3,					`
						4, and 5)					
									Amou	ınt	
										1111	
								Expiration Date	or Title Numb	205	
										JEI .	
				C-J- V	(A) (D)			of			
					Code V	(A) (D)			Share	S	

### **Reporting Owners**

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

CRAWFORD STEPHEN GLENN 200 SOUTH WILCOX KINGSPORT, TN 37660

**SVP & CTO** 

## **Signatures**

Brian L. Henry, by Power of Attorney

02/24/2015

\*\*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).
- (1) Payout under performance shares awarded at beginning of three-year (2012-2014) performance period.
- (2) Shares of common stock withheld in payment of tax liability incident to payout under performance shares.
- (3) Includes 6 shares acquired since February 26, 2014 resulting from automatic reinvestment of dividends.

Reporting Owners 2

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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.