Edgar Filing: CORNING INC /NY - Form 4

CORNING I	NC /NY												
Form 4													
July 17, 2015	i												
FORM	4								~ ~		OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287				
Check this box									Expires:	January 31,			
subject to STATEMENT OF CHANGES IN BENEFICIA						CIAI	LOW	NERSHIP OF	Estimated a	2005 1 average			
Section 10									burden hours per				
Form 4 or									response	esponse 0.5			
Form 5 obligation	· ·							•	ge Act of 1934,				
may conti				•		•	- ·		f 1935 or Sectio	n			
<i>See</i> Instru 1(b).		30(h)	of the Inv	vestmen	nt C	Company	y Act	of 19	40				
(Print or Type R	esponses)												
	ddress of Reportir	ng Person <u>*</u>	2. Issuer	Name an	nd 🛛	Ficker or T	Fradin	g	5. Relationship of	Reporting Per	son(s) to		
Tripeny R Tony Symbol CORNII									Issuer				
				ING INC /NY [GLW]					(Chec	k all applicable	e)		
(Last)	(First)	(Middle)	3. Date of	f Earliest Transaction					(Check an applicable)				
				nth/Day/Year)					Director 10% Owner				
				07/15/2015					XOfficer (give titleOther (specify below)				
									· · · · · · · · · · · · · · · · · · ·	ontroller & PA	0		
	(Street)		4 If Amer	ndment T	Date	- Original			6 Individual or Id	oint/Groun Fili	ng(Check		
				endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
1 neu(mon				in Day, i car)					_X_ Form filed by One Reporting Person				
CORNING,	NY 14831								Form filed by M Person	Aore than One Ro	eporting		
(City)	(State)	(Zip)	Table	e I - Non-	-De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction E			3.		4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	on Date, if TransactionAcquired (A) or Code Disposed of (D)						Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(Insu: 5)		/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Owned	· · ·	Ownership				
		× ×	,	((Following	Instr. 4)	(Instr. 4)			
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
~				Code	V	Amount	(D)	Price	(msu. 5 and 4)				
Common Stock	07/15/2015			A <u>(1)</u>		6,558	А	\$0	30,298	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)

Reporting Owners

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	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		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Tripeny R Tony ONE RIVERFRONT PLAZA CORNING, NY 14831			VP Controller & PAO						
Signatures									
Linda E. Jolly, Power of Attorney	(07/17/2015							
**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) These shares were granted under the Incentive Stock Plan of Corning Incorporated and are subject to the restrictions and terms contained in an agreement dated July 15, 2015.

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.