Edgar Filing: BROWN FORMAN CORP - Form 4

BROWN FOR	RMAN CORP										
Form 4											
June 05, 2017											
FORM	4		GEGUD							PPROVAL	
	UNITED S	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check this if no longe											
subject to	ENT OI		GES IN B	Expires: Estimated a	2005 average						
Section 16		SECURITIES						burden hou	irs per		
Form 4 or Form 5	T '1 1		N		response	0.5					
obligations	- -						-	ge Act of 1934,			
may contin <i>See</i> Instruct 1(b).	iue.			vestment (•	- ·		f 1935 or Sectio 40)11		
(Print or Type Ro	esponses)										
1. Name and Address of Reporting Person <u>*</u> Hawley Kirsten M			2. Issuer Name and Ticker or Trading				g	5. Relationship of Reporting Person(s) to			
			Symbol		NGOD			Issuer			
			BROWN FORMAN CORP [BFA, BFB]					(Check all applicable)			
(Last)	(First) (M	iddle)	3. Date of	Earliest Tra	nsaction			Director		6 Owner	
850 DIXIE HIGHWAY			(Month/Day/Year) 06/01/2017					X Officer (give title Other (specify below) below) SVP, Chief HR Officer			
	(Street)		4. If Amen	ndment, Dat	e Original			6. Individual or J	oint/Group Filin	ng(Check	
				th/Day/Year)	U			Applicable Line)			
								_X_Form filed by	One Reporting Po More than One Ro		
LOUISVILL	E, KY 40210							Person	viore man one ro	porting	
(City)	(State) (Z	Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Dee Month/Day/Year) Executi any (Month.		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5))	Securities Beneficially Owned Following	5. Ownership Form: Direct D) or Indirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Class A Common	06/01/2017			А	995 <u>(1)</u>	А	\$0	1,627	D		
Class A Common								13.2756 <u>(2)</u>	I	DRIP	

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

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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							
1	Director	10% Owner	Officer	Other				
Hawley Kirsten M 850 DIXIE HIGHWAY LOUISVILLE, KY 40210			SVP, Chief HR Officer					
Signatures								
Michael E. Carr, Jr., Attorney in Fact for Kirsten M. Hawley			06/05/2017					

<u>**</u>Signature of Reporting Person

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 issued on June 1, 2017, in connection with a July 24, 2014 award of Class A common performance-based restricted stock. The award, initially determined as a cash value, was subject to a three-year performance period, which ended April 30, 2017. The number of shares issued was determined by multiplying the cash value of the award by a three-year

Date

performance adjustment factor, dividing the amount by \$45.125, which is the closing price of the issuer's Class A common stock on the date of the grant, and then adjusting upwards to account for dividends paid during the performance period.

(2) Number of shares acquired through the issuer's dividend reinvestment plan as of June 5, 2017.

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.