### PILGRIMS PRIDE CORP Form 3 November 10, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

#### (Print or Type Responses)

1. Name and Ac Person <u>*</u> Andre No			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol PILGRIMS PRIDE CORP [PPC]					
(Last)	(First)	(Middle)	10/29/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
1770 PROMONTORY CIRCLE (Street) GREELEY, CO 80634				(Check all applicable) <u>X</u> Director 10% Ow Officer Other (give title below) (specify below)		Owner	6. Individual or Joint/Group		
(City)	(State)	(Zip)	Table I - 1	Non-Derivat	ive Securiti	es Be	Reporting Person neficially Owned		
1.Title of Secur (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1		
No Securities	s Benefici	ally Owned	0		D	Â			
Reminder: Repo owned directly o	or indirectly. Perso inforr requi	ons who resp nation conta red to respo	ch class of securities benefic pond to the collection of ained in this form are no nd unless the form disp MB control number.	t S	EC 1473 (7-02	)			
T	able II - De	rivative Secu	rities Beneficially Owned (a	e.g., puts, calls,	warrants, opt	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Andre Nogueira de Souza 1770 PROMONTORY CIRCLE GREELEY, CO 80634	ÂX	Â	Â	Â		
Signatures						
/s/Denilson Molina, Attorney-In-Fact	11/10/2014					

\*\*Signature of Reporting Person

## Date **Explanation of Responses:**

- If the form is filed by more than one reporting person, *see* Instruction 5(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). \*\*

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### **Remarks:** Exhibit List Exhibit 24 - Power of Attorney

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.