Daniels Christopher M Form 4 December 12, 2011

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 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 30(h) of the Investment Company Act of 1940

1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * Daniels Christopher M			2. Issuer Name and Ticker or Trading Symbol SENSIENT TECHNOLOGIES CORP [SXT]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 777 E. WISCO	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/08/2011	Director 10% Owner _X Officer (give title Other (specify below)  VP Human Resources			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person			
MILWAUKEE	E, WI 53202			Form filed by More than One Reporting Person			

(City)	(State)	Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	saction Date 2A. Deemed /Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)			5. Amount of 6. Securities Ownership Beneficially Form: Owned Direct (D) Following or Indirect Reported (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/08/2011		Code V	Amount 6,000 (1)	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)  11,000 (2)	(Instr. 4)		
Common Stock							15.712	I	Supplemental Benefit Plan	
Common Stock							871.466	I	ESOP (4)	

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

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(9-02)

Table I. Non Desirative Committee Assumed Disposed of an Deneficially Or

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# displays a currently valid OMB control

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2.	3. Transaction Date (Month/Day/Year)		4.	5. onNumber	6. Date Exerc		7. Titl		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of			Under	rlying	Security (Instr. 5)	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

Director 10% Owner Officer Other

Daniels Christopher M 777 E. WISCONSIN AVE.

VE. VP Human Resources

MILWAUKEE, WI 53202

#### **Signatures**

/s/ John L. Hammond, Attorney-in-Fact for Mr.

Daniels

12/12/2011

\*\*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) Represents grant of restricted stock under Issuer's 2007 Restricted Stock Plan.
- (2) Includes shares of restricted stock held under Issuer's 2002 Stock Option Plan and Issuer's 2007 Restricted Stock Plan.
- (3) Represents shares held in Issuer's Supplemental Benefit Plan as of the end of the month immediately preceding this filing.
- (4) Represents shares held in Issuer's ESOP as of the end of the month immediately preceding this filing.

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.

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