Edgar Filing: MCINTOSH JOHN L - Form 4

MONTOOLI JOINT

| Form 4 | H JOHN L | | | | | | | | | | |
|--|---|-------|--|--|-----------|------------------------------|--------------------------|--|--|---|--|
| November 1 | 6, 2017 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB AF OMB Number: | PROVAL 3235-0287 | | | |
| | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| | | | 21 ibbuer i faine and i fener of frading | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (I | | 3. Date of Earliest Transaction | | | (Check | (Check all applicable) | | | | |
| (Month | | | | | | | | Director 10% Owner _X Officer (give title Other (specify below) below) EVP, Synergies & Systems | | | |
| | | | | fonth/Day/Year) | | | | 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- | Derivativ | e Secu | rities Acqu | uired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) Code V | | sed of 4 and (A) or | |) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock \$1 par value | 11/15/2017 | | | S | 9,500 | D | \$ 35.4245 | 55,141 (1) | D | | |
| Common Stock \$1 par value | | | | | | | | 9,691.9889 | Ι | By ESOP Trustee | |

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.

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day. e | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | | | | | | | |
|---|------------|---------------|--------------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| MCINTOSH JOHN L C/O OLIN CORPORATION 190 CARONDELET PLAZA, STE 153 CLAYTON, MO 63105 | 0 | | EVP, Synergies & Systems | | | | | | |
| Signatures | | | | | | | | | |
| /s/ T. E. Murphy, Attorney-in-Fact | 11/16/2017 | | | | | | | | |
| **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).
- The figure represents shares of Olin Common Stock held under the Olin Common Stock Fund of the Olin Corporation Contributing
 (1) Employee Ownership Plan (CEOP), a tax conditioned plan reflecting transactions exempt under Rule 16b-3, as reported by the CEOP Plan Administrator as of September 30, 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.