## Edgar Filing: Towers Watson & Co. - Form 4

Towers Watson Form 4	& Co.									
November 05, 2	.015									
FORM 4	1	~	~~~~			~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL	
	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0287	
Check this bo if no longer subject to Section 16. Form 4 or Form 5	MENT OI		SECU	Estimated a burden hou response	Expires:January 31, 2005Estimated average burden hours per response0.5					
obligations may continue <i>See</i> Instructio 1(b).				•	•	npany Act 1y Act of 1	of 1935 or Secti 940	on		
(Print or Type Resp	oonses)									
1. Name and Address of Reporting Person <u>*</u> WICKES GENE H			Symbol	er Name <b>an</b> 5 Watson			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)	3. Date of	of Earliest T	Transaction		(Cho	(Check all applicable)		
901 N. GLEBE ROAD			(Month/Day/Year) 11/04/2015				Director 10% Owner X Officer (give title Other (specify below) Managing Director, Benefits			
ARLINGTON,	4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>					
(City)	(State)	(Zip)				a				
1.Title of 2. T	'ransaction Date onth/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	ies (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	of, or Beneficia 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Report of	on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.			
					Perso inforn requir	ns who res nation cont red to resp nys a curre	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

## Edgar Filing: Towers Watson & Co. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Acquired (A Disposed of (Instr. 3, 4, 4 5)	(D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun Numbe Shares
Restricted Stock Unit	\$ 0	11/04/2015		A		12.6953 (1)		08/08/1988	08/08/1988	Class A Common Stock	12.69
Restricted Stock Unit	\$ 0	11/04/2015		А		8.4635 (2)		08/08/1988	08/08/1988	Class A Common Stock	8.463

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
WICKES GENE H 901 N. GLEBE ROAD ARLINGTON, VA 22203			Managing Director, Benefits					
Signatures								
/s/ Neil Falis, attorney-in-fact fo Wickes	or Mr.	1	1/05/2015					
**Signature of Reporting Person	L		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) Includes Restricted Stock Units ("RSUs") acquired pursuant to the participant's deferral election under the Towers Watson Non-Qualified Deferred Savings Plan for US Employees (the "Plan").
- (2) Includes Restricted Stock Units ("RSUs") acquired pursuant to the Company's matching contribution on the participant's deferral election pursuant to the terms of the Plan and credited to the participant's account in the form of RSUs under the Plan.

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.