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GREENBR Form 4 January 09,	IER COMPANIE	S INC											
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FORM	VI 4 UNITED	STATES S		RITIES A shington				E COMMISSI	ON	OMB Numbe			-0287
Check t					, 20012					Expires		Janua	-
if no lot subject Section Form 4 Form 5	to STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									aated average en hours per onse 0.5		
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17((a) of the Pu	ublic U		ding Co	mpar	ny Act	t of 1935 or Se					
(Print or Type	Responses)												
ONEAL A DANIEL Sy G				r Name an NBRIER	5. Relationship of Reporting Person(s) to IssuerC (Check all applicable)								
(Last)	(First) ([GBX] 3. Date of	f Earliest T	ransaction			_X_ Directo	or		_ 10% (Owner	
C/O GREE COMPAN CENTERF 200		(Day/Year)				Officer below)	(give ti	itlebelov	_	(specify	
LAKE OS	(Street) WEGO, OR 9703:	Ι		endment, D nth/Day/Yea	-	al		6. Individual Applicable Lir _X_ Form filed Form filed	ne) d by Or	ne Reporti	ing Pers	son	
(City)	(State)	(Zip)	Tabl	le I - Non-l	Dorivativa	Socu	ritios /	Person	od of	or Bono	ficially	7 Own o	d
1.Title of Security (Instr. 3)	of 2. Transaction Date 2A. Deem ty (Month/Day/Year) Execution		l Date, if	3. Transactio Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)			5. Amount of 6. Securities Own Beneficially Forn Owned Dire		7. Nat ership Indire n: Owne ct (D) (Instr. direct		ture of ect Beneficial ership	
Common stock - GBX				Code	Thiodit		11100	11,628.986	D				
Common stock - GBX	01/07/2015			Α	2,431	A	\$0	10,076	Ι		Trus as Ti None Defe	Relianc t Com rustee qualifi rred pensat	pany for ed

								Plan for Directors						
Reminder: R	eport on a sep	parate line for each cla	ss of securities bene	ficially own	ned directly	or indirectly.								
	Pe inf rec dis					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.								
			ative Securities Acc outs, calls, warrant				Owned							
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)	Code	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr			
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Repor	ting O	wners												
R	eporting Own	ner Name / Address	Director		i onships ner Offic	er Other								
C/O GREI ONE CEN	ITERPOIN	COMPANIES, TE DRIVE, SUIT R 97035-8612	т <u>е 200</u> Х											
Signa	tures													
/s/ A. Dar Attorney-i		By Feng C. Grove	e	01	1/09/2015									
	<u>**</u> Signatu	re of Reporting Person			Date									
-		of Respo		uction 4(b)(v).									

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** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.