Edgar Filing: BOISE CASCADE Co - Form 4

BOISE CAS	CADE Co										
Form 4											
January 15, 2											
FORM 4 LINITED STATES SECURITIES AND EXCHANCE CON							OMMERION	OMB APPROVAL			
	UNITE	Washington, D.C. 20549							OMB Number:	3235-0287	
Check thi	or								Expires:	January 31, 2005	
if no longer subject to Section 16. STATEMENT OF CHANG				GES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated average		
									burden hou	•	
Form 4 or			~						response 0.5		
Form 5 obligatior								e Act of 1934,			
may conti								1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	.0			
1(b).											
(Print or Type R	Responses)										
× 71	1										
HIBBS KELLY E. Symbol			r Name and Ticker or Trading			5. Relationship of Reporting Person(s) to					
			CASCADE Co [BCC]				Issuer				
							(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Chec.	к ап аррпсавіе)	
			(Month/D	ay/Year)				Director	10%	Owner	
C/O BOISE	CASCADE		01/14/2	-			_X_ Officer (give title Other (specify				
COMPANY, 1111 WEST						below) below) VP and Controller					
JEFFERSON	N STREET, SU	JITE 300						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(Street)		4. If Ame	ndment, Date Original			6. Individual or Joint/Group Filing(Check				
			nth/Day/Year)				Applicable Line)				
							_X_Form filed by One Reporting Person				
BOISE, ID 8	33702							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Aca	uired, Disposed of	or Beneficial	lv Owned	
1.Title of	2 Transaction D	Nota 2A Deer						5. Amount of	6. Ownership	-	
Security	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D)				Securities	Form: Direct		
(Instr. 3) (Month/Day/Year) (Month/Day/Year)			Code (Instr. 3, 4 and 5)				Beneficially		Beneficial		
			Day/Year)					Owned		Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	D ·	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	,			
	01/14/2015			Б	620 (1)	D	\$	2 717	D		
Stock, par	01/14/2015			F	620 <u>(1)</u>	D	40.17	3,717	D		
value \$0.01											

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.

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

Reporting Owners

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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. Transact Code (Instr. 8)	5. ionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

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in Fact

Reporting Owner Name / Address		Relationships						
FB	Director	10% Owner	Officer	Other				
HIBBS KELLY E. C/O BOISE CASCADE COMPANY 1111 WEST JEFFERSON STREET, SUITE 3 BOISE, ID 83702	300		VP and Controller					
Signatures								
/s/ John T. Sahlberg, as Attorney	01/15/2015							

**Signature of Reporting Person

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).

Date

Includes (i) 344 shares withheld upon the satisfaction of time vesting conditions on December 31, 2014 with respect to Mr. Hibbs' 2013 (1) performance stock unit award and (ii) 276 shares withheld upon the satisfaction of time vesting conditions on December 31, 2014 with respect to Mr. Hibbs' 2014 restricted stock unit award.

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.