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| BOISE CASCADE Co Form 4 | | | | | | | | | |
|--|--|----------------|-----------------------------|---|--|--|---|--|--|
| February 27, 2015 | | | | | | | PPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations obligations obligations obligations obligations Form 5 obligations ob | | | | | | Expires: Estimated burden hol response | urs per | | |
| may continue. See Instruction 1(b). | 30(h) of the I | • | • | • • | | | | | |
| (Print or Type Responses) | | | | | | | | | |
| 1. Name and Address of Reporting GOWLAND KAREN E | Symbol | | | | 5. Relationship o Issuer | f Reporting Per | rson(s) to | | |
| (Last) (First) (I | st) (First) (Middle) 3. Date of Earliest Transaction | | | (Che | (Check all applicable) | | | | |
| C/O BOISE CASCADE COMPANY, 1111 WEST JEFFERSON STREET, SUI | (Month/ 02/25/ | /Day/Year) | | | X Director Officer (give below) | | % Owner her (specify | | |
| (Street) | | nendment, Da | ate Original | | 6. Individual or J | oint/Group Fili | ing(Check | | |
| BOISE, ID 83702 | | onth/Day/Year | - | | Applicable Line) _X_ Form filed by | | Person | | |
| (City) (State) | (Zip) Tal | ble I - Non-I | Derivative S | Securities A | cquired, Disposed o | of, or Beneficia | ally Owned | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year) | | Code | | A) or of (D) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | |
| Reminder: Report on a separate line | e for each class of sec | curities benef | Persor inform require | as who res ation cont ed to respo /s a curre | or indirectly. spond to the collect ained in this form ond unless the for ntly valid OMB con | are not m | SEC 1474 (9-02) | | |
| Tab | le II - Derivative Se (e.g., puts, cal | | | | Beneficially Owned securities) | | | | |

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. 5. Number | 6. Date Exercisable and | 7. Title and Amount of | 8. Pr |
|-------------|------------|---------------------|--------------------|---------------------------|-------------------------|------------------------|-------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction of Derivative | Expiration Date | Underlying Securities | Deriv |

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| Security (Instr. 3) | or Exercise Price of Derivative Security | | any (Month/Day/Year) | Code (Instr. 8) | | | (Month/Day/Year) | | (Instr. 3 and 4) | | Secu (Inst |
|------------------------------|---|------------|-------------------------|--------------------|-------|--|---------------------|--------------------|---|--|---------------|
| | | | | Code V | (A) (| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Restricted Stock Units | <u>(1)</u> | 02/25/2015 | | А | 2,212 | | (2) | (2) | Common Stock, par value \$0.01 | 2,212 | \$ |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|-------|---------------|-----------|---------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| GOWLAND KAREN E C/O BOISE CASCADE COMPANY 1111 WEST JEFFERSON STREET, SUITE 3 BOISE, ID 83702 | 300 | Х | | | | | | |
| Signatures | | | | | | | | |
| /s/ John T. Sahlberg, as Attorney in Fact | 02/27 | /2015 | | | | | | |
| <u>**Signature of Reporting Person</u> | Da | te | | | | | | |

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) Each restricted stock unit represents a contingent right to receive one share of Boise Cascade Company common stock.
- (2) The restricted stock units vest on February 25, 2016. Vested shares will be delivered to the reporting person 6 months and 1 day following the reporting person's termination as a director of Boise Cascade Company (or other employment with the company).

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.