Edgar Filing: Collinson Shawn - Form 4

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Form 4												
July 21, 201	.1											
FORM	Λ4	~				~~~ .				PPROVAL		
	UNITED	STATES		RITIES A shington,			ANGE (COMMISSION	OMB Number:	3235-0287		
Check th if no lon	ger					101			Expires: January 3			
subject to STATEMENT OF C Section 16.				CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per		
Form 4 o Form 5		remont to	Soction 1	6(a) of th	o Socuri	tion E	Tychona	e Act of 1934,	response	0.5		
obligatio	ons Section 170						U	f 1935 or Sectio	'n			
may con <i>See</i> Instr	iunue.			vestment	•	-	•					
1(b).	ruction	~ /			1	5						
(Print or Type	Responses)											
1. Name and Address of Reporting Person *2. IssCollinson ShawnSymbo				ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			•	ure plc [A	CN]							
(Last)	(First) (Middle)		f Earliest Ti	_			(Chec	ck all applicable	e)		
				nth/Day/Year)				Director 10% Owner				
				07/19/2011				_X_ Officer (give title Other (specify below) below) Sr Managing Dir-Growth & Strat				
			4. If Am	. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
			Filed(Mo					Applicable Line)				
CHICAGO	, IL 60601							_X_ Form filed by 0 Form filed by N Person	One Reporting Pe More than One Re			
(City)	(State)	(Zip)	Tah	le I - Non-I)erivative	Secu	rities Aco	uired, Disposed o	f. or Beneficial	lv Owned		
1.Title of	2. Transaction Date	24 Deen		3.				5. Amount of	6. Ownership	-		
Security (Instr. 3)	(Month/Day/Year)	Executior any	Execution Date, if		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			Securities Beneficially Owned	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)		
Class A					mount							
ordinary shares	07/19/2011			F	2,885	D	\$ 60.88	48,509	D			

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)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno 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							
1 8	Director 10% Owner Officer		Officer	Other				
Collinson Shawn C/O ACCENTURE 161 N. CLARK STREET CHICAGO, IL 60601			Sr Managing Dir-Growth & Strat					
Signatures								
/s/ Kathryn Lloyd, Attorney-in-Fact for Shawn Collinson			07/21/2011					
<u>**</u> Signature of Reporting F	Person		Date					
Explanation of Res	pon	ses:						

* 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).

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.