Trebilcock James R. Form 4 March 04, 2010

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

**OMB APPROVAL** 

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

Section 16. Form 4 or Form 5 obligations may continue.

if no longer

subject to

**SECURITIES** 

Estimated average burden hours per response... 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Trebilcock James R. |          |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer                                    |  |  |
|---------------------------------------------------------------|----------|----------|----------------------------------------------------|-------------------------------------------------------------------------------------|--|--|
|                                                               |          |          | Dr Pepper Snapple Group, Inc. [DPS]                | (Check all applicable)                                                              |  |  |
| (Last)                                                        | (First)  | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)   | Director 10% OwnerX_ Officer (give title Other (specify                             |  |  |
| 5301 LEGACY DR.                                               |          |          | 03/02/2010                                         | below) below) Executive Vice President                                              |  |  |
|                                                               | (Street) |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check                                           |  |  |
|                                                               |          |          | Filed(Month/Day/Year)                              | Applicable Line)                                                                    |  |  |
| PLANO, TX 75024                                               |          |          |                                                    | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |
| (City)                                                        | (State)  | (Zip)    | Table I - Non-Derivative Securities Ac             | equired, Disposed of, or Beneficially Owned                                         |  |  |

|                     | Table 1 - Non-Derivative Securities Acquired, Disposed of, or Denericany Owner |                                                                                         |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                | ny Owned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Transaction Date | 2A. Deemed                                                                     | 3.                                                                                      | 4. Securi                                                                                                           | ties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                           | 5. Amount of                                                                                                                                                                                                                   | 6. Ownership                                                                                                                                                                                                                                                                                                                                                                   | 7. Nature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (Month/Day/Year)    | Execution Date, if                                                             | TransactionAcquired (A) or                                                              |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or                                                                                                                                                        | Securities                                                                                                                                                                                                                     | Form: Direct                                                                                                                                                                                                                                                                                                                                                                   | Indirect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                     | any                                                                            | Code Disposed of (D)                                                                    |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ))                                                                                                                                                        | Beneficially                                                                                                                                                                                                                   | (D) or                                                                                                                                                                                                                                                                                                                                                                         | Beneficial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                     | (Month/Day/Year)                                                               | (Instr. 8)                                                                              | (Instr. 3,                                                                                                          | 4 and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5)                                                                                                                                                        | Owned                                                                                                                                                                                                                          | Indirect (I)                                                                                                                                                                                                                                                                                                                                                                   | Ownership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                     |                                                                                |                                                                                         |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           | Following                                                                                                                                                                                                                      | (Instr. 4)                                                                                                                                                                                                                                                                                                                                                                     | (Instr. 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                     |                                                                                |                                                                                         |                                                                                                                     | (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           | Reported                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                     |                                                                                |                                                                                         |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           | Transaction(s)                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                     |                                                                                | Code V                                                                                  | Amount                                                                                                              | (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Price                                                                                                                                                     | (Instr. 3 and 4)                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 01/08/2010(1)       |                                                                                | J <u>(1)</u>                                                                            | 3                                                                                                                   | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>(1)</u>                                                                                                                                                | 3,124                                                                                                                                                                                                                          | D                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                     | (Month/Day/Year)                                                               | 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year) | 2. Transaction Date 2A. Deemed 3.  (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Instr. 8)  Code V | 2. Transaction Date   2A. Deemed   3.   4. Securion Date   4. Securion Date   4. Securion Date   5. Securion Date   6. Securion Date   6. Securion Date   7. Securion Date   7. Securion Date   6. Securion Date   7. Securion | 2. Transaction Date (Month/Day/Year)    Execution Date, if any Code Disposed of (Double) (Month/Day/Year)    (Month/Day/Year)    (A) or Code V Amount (D) | 2. Transaction Date   2A. Deemed   3.   4. Securities   (Month/Day/Year)   Execution Date, if any   Code   Disposed of (D)   (Month/Day/Year)   (Instr. 8)   (Instr. 3, 4 and 5)    (A)   or   Code   V   Amount   (D)   Price | 2. Transaction Date (Month/Day/Year)    2A. Deemed    (Month/Day/Year)    Execution Date, if any    (Month/Day/Year)    (Month/Day/Year)    (Month/Day/Year)    (Month/Day/Year)    (Month/Day/Year)    (Instr. 8)    (Instr. 3, 4 and 5)    (A)     (TransactionAcquired (A) or Securities    (Instr. 3, 4 and 5)    (Instr. 3 and 4)    (Instr. 3 and 4)    (Instr. 3 and 4) | 2. Transaction Date (Month/Day/Year)    2A. Deemed    3.     4. Securities    5. Amount of Securities    8 Securities    9 Owned    1 Indirect (I)    1 Following    1 Reported    1 Transaction(s)    1 Transaction(s)    1 (Instr. 4)    1 Transaction(s)    1 (Instr. 3 and 4) |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: Trebilcock James R. - Form 4

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exerc<br>Expiration D<br>(Month/Day/ | ate                | 7. Title and A Underlying S (Instr. 3 and | Securities                          | 8 II S ( ( |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|-------------------------------------------|-------------------------------------|------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                 | (A) (D)                                                                                   | Date<br>Exercisable                          | Expiration<br>Date | Title                                     | Amount<br>or<br>Number<br>of Shares |            |
| Restricted<br>Stock Unit                            | (2)                                                                   | 03/02/2010                              |                                                             | A                                      | 15,000                                                                                    | (3)                                          | (3)                | Common<br>Stock                           | 15,000                              |            |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)    | \$ 31.5                                                               | 03/02/2010                              |                                                             | A                                      | 28,969                                                                                    | <u>(4)</u>                                   | <u>(4)</u>         | Common<br>Stock                           | 28,969                              |            |

# **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |                          |       |  |  |  |
|--------------------------------|---------------|-----------|--------------------------|-------|--|--|--|
| <b>FS</b>                      | Director      | 10% Owner | Officer                  | Other |  |  |  |
| Trebilcock James R.            |               |           |                          |       |  |  |  |
| 5301 LEGACY DR                 |               |           | Executive Vice President |       |  |  |  |

# PLANO, TX 75024 **Signatures**

James R.

Trebilcock 03/04/2010

\*\*Signature of Reporting Person 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) The reporting person is participating in DPS Direct Invest, the Issuer's dividend reinvestment stock purchase program. These shares were acquired with the reinvestment of the dividend paid to the reporting person on January 8, 2010.
- (2) Each restricted stock unit represents a contingent right to receive one share of the Issuer's Common Stock and is granted pursuant to the Issuer's Omnibus Stock Incentive Plan of 2009.
- (3) Restricted stock units will vest in one installment three years from the date of grant and will be settled in shares of the Issuer's Common Stock on the vesting date.
- (4) This option was granted pursuant to the Issuer's Omnibus Stock Incentive Plan of 2009 and vests in three equal annual installments commencing on March 2, 2011.

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.

Reporting Owners 2