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Tronox Ltd												
Form 4												
February 12,	2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO								OMB APPROVAL				
	UNIII	ED STATE		RITIES shingtoi				NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer										Expires:	January 31 2005	
subject to		EMENT C	OF CHAN		GES IN BENEFICIAL OWNERSH					Estimated a		
Section 1				SECU	RITI	IES				rs per		
Form 4 or Form 5			Castion 1	$(a) = \mathbf{f} \mathbf{f}$	h o C o		ing F		a A at af 1024	response	0.5	
obligation		-						-	e Act of 1934, f 1935 or Section	n		
may cont	inue.) of the In	-	-					1		
See Instru 1(b).	uction	50(11) of the m	vestiller		mpan	y 110	t 01 174	10			
-(-).												
(Print or Type F	Responses)											
		*										
	ddress of Report erine Carolyr	-		er Name and Ticker or Trading				ng	5. Relationship of Reporting Person(s) to Issuer			
пагрег каш	lenne Caroryn	1	Symbol						135001			
Tro			Ironox	Fronox Ltd [TROX]					(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest '	Transa	ction						
				nth/Day/Year) 10/2015					Director 10% Owner X Officer (give title Other (specify			
	BLVD., SUIT		02/10/2	015					below)	below)		
INLOOLNI	5210., 5011	L 1100							SVP, Chi	ef Financial Of	ficer	
(Street) 4. If Ame			endment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mo	nth/Day/Ye	ar)				Applicable Line) _X_ Form filed by C	ne Reporting Pe	rson	
STAMEORI	D, CT 06901								Form filed by M			
STAMIOR	D, C1 00901								Person			
(City)	(State)	(Zip)	Tab	le I - Non	-Deriv	ative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. 5	Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y		on Date, if	Transac			-		Securities	Form: Direct		
(Instr. 3)		any (Month	/Day/Year)	Code (Instr. 8		str. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(iviointii	(Day/Tear)	(Instr. o)				Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
G				Code	V An	nount	(D)	Price	(mout, 5 and 4)			
Common	00/10/0015			$\mathbf{\Gamma}(1)$	2	224	D	\$	21.295	D		
A	02/10/2015			F <u>(1)</u>	2,9	924	D	20.99	31,285	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) tive ies ed ed 3,		Underlying S	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Options (right to buy)	\$ 21.98				(2)	02/10/2024	Class A Common Stock	26,894 (2)	

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Harper Katherine Carolyn ONE STAMFORD PLAZA, 263 TRESSER SUITE 1100 STAMFORD, CT 06901	BLVD.		SVP, Chief Financial Officer					
Signatures								
Richard L. Muglia, as attorney-in-fact	02/12/2015							
**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 Company withheld 2,924 shares to satisfy withholding tax obligations and Ms. Harper received the balance of 5,335 shares of previously granted restricted common stock.
- (2) As reported on Form 4 filed 2/12/2014, the options vest in three equal installments on the anniversary date of the grant.

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.