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WAUSAU P	PAPER CORP.									
Form 4										
April 02, 20	15									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	• • UNITED	STATES					COMMISSION	OND	3235-0287	
Check th	is box		Was	hington,	D.C. 205	49		Number:		
if no long	Ter .							Expires:	January 31, 2005	
subject to)	MENTO	F CHAN	GES IN BENEFICIAL OWNERSHIP OF			Estimated average burden hours per			
Section 1				SECURITIES						
Form 4 o Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						response	0.5	
obligatio	••					-	f 1935 or Sectio	. n		
may cont	inue.			•	· ·	Act of 19		/11		
See Instru	uction	50(II)	of the my	vestilient v	Joinpany	Act of 19	+0			
1(b).										
(Print or Type I	Responses)									
1. Name and A	Address of Reporting	Person *	2. Issuer	Name and '	Ticker or T	rading	5. Relationship o	f Reporting Per	son(s) to	
URMANSK	Symbol				Issuer					
			WAUSA	U PAPE	R CORP.	[WPP]	(Ch-	-1111:1-1	- `	
(Last)	(First) (Middle)	3. Date of	Earliest Tra	nsaction		(Cne	ck all applicable	2)	
			(Month/Da		insuccion		Director	10%	6 Owner	
104 MILL F	ROCK ROAD		03/31/20	•			X Officer (giv		er (specify	
							below) Pres	below) sident and COC	,	
	(Street)		4. If Amer	ndment, Dat	e Original		6. Individual or J	oint/Group Fili	ng(Check	
			Filed(Mon	th/Day/Year)			Applicable Line)			
							_X_Form filed by Form filed by 1	One Reporting Po More than One Ro		
NICHOLAS	SVILLE, KY 403	356					Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	emed	3.	4. Securit		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year		on Date, if	Transactio			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month)	'Day/Year)	Code (Instr. 8)	Disposed (Instr. 3, 4		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(INIOIIIII)	Day/ I cal)	(Instr. 8)	(111501. 5, -	+ and <i>J</i>)	Following	(Instr. 4)	(Instr. 4)	
						(A)	Reported			
						(A) or	Transaction(s)			
				Code V	Amount	(D) Price	(Instr. 3 and 4)			
No Par										
Value							4,441 <u>(1)</u>	Ι	401(k)	
Common							-, 1 <u>· /</u>	1	Trust	
Stock										

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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					
	Director	10% Owner	Officer	Other		
URMANSKI MATTHEW L 104 MILL ROCK ROAD NICHOLASVILLE, KY 40356			President and COO			
Signatures						
Robert J. Gitter, Attorney-in-Fact	04	/02/2015				

**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) Estimated amount. Represents an unallocated interest in a 401(k) common stock investment fund.

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.