## Edgar Filing: ANDERSON BRIAN P - Form 4

ANDERSON	BRIAN P										
Form 4											
September 05	5, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this if no long	or							Expires:	January 31, 2005		
subject to	ct to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O							Estimated a	Estimated average		
Section 16		SECURITIES							burden hours per		
Form 4 or Form 5			C	( . ) . <b>f</b> 41	C		A . 4 . £ 1024	response	. 0.5		
obligation	·	<b>•</b>					ge Act of 1934, f 1935 or Sectio	<b>n</b>			
may conti	nue. Section I			•	<b>.</b>	Act of 19		Π			
<i>See</i> Instru 1(b).	ction	50(II)	of the m	vestment	company	Act of 19	40				
1(0).											
(Print or Type R	esponses)										
	ddress of Reporti	ing Person <sup>*</sup>	2. Issuer	Name and '	Ticker or T	rading	-	f Reporting Person(s) to			
ANDERSON	Symbol				Issuer						
	GRAIN	GER W W	/ INC [G	WW]	(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	nsaction		(Chee	k an application	()		
100 GRAINGER PARKWAY			(Month/Day/Year)				X_ Director		% Owner		
			09/01/20	)17			Officer (give title below)     Other (specify below)				
(Street)			4. If Amer	ndment, Dat	e Original		6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person				
		-						Ine Reporting Po Infore than One Ro			
LAKE FURI	EST, IL 60045	5					Person				
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction			3.	4. Securit		5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye		on Date, if	Transactio Code	onAcquired (A) or Disposed of (D)		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(insu: <i>5</i> )		any (Month)	/Day/Year) (Instr. 8) (Instr. 3, 4				•	Indirect (I)	Ownership		
		× ×	<i>, , ,</i>		· · · ·	,	Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
						or	(Instr. 3 and 4)				
Comment				Code V	Amount	(D) Price	(				
Common Stock							4,340	D			
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.

 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. Transact Code (Instr. 8)	tionof Do Se (A Di of (Iu	ionof Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price o Derivativ Security (Instr. 5)
				Code N	7 (.	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Units	<u>(1)</u>	09/01/2017		А	1	31		(2)	(2)	Common Stock	131	\$ 162.5

## **Reporting Owners**

Reporting Owner Name / Address									
	Director	10% Owner	Officer	Other					
ANDERSON BRIAN P 100 GRAINGER PARKWAY LAKE FOREST, IL 60045	Х								
Signatures									
Hugo Dubovoy, Jr., as attorney-in-fact		09/05/20	17						
<u>**</u> 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) 1-for-1

(2) The stock units are expected to settle in shares of common stock on a one-for-one basis following end of service as a director.

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.