LIBBEY INC Form 4 March 06, 2015

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** Cerioli Annunciata | | | 2. Issuer Name and Ticker or Trading Symbol LIBBEY INC [LBY] | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|-------------|----------|--|--|--|--|--|
| ~ | | 00111 | | (Check all applicable) | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | | |
| | | | (Month/Day/Year) | Director 10% Owner | | | |
| 300 MADISON AVENUE, PO BOX 10060 | | | 03/04/2015 | X Officer (give title Other (specify | | | |
| | | | | below) below) | | | |
| 10000 | | | | VP, Chief Supply Chain Officer | | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Month/Day/Year) | Applicable Line) | | | |
| | | | • | _X_ Form filed by One Reporting Person | | | |
| TOLEDO, OH 43699-0060 | | | | Form filed by More than One Reporting | | | |
| I CLLDO, OI | 1 .5077 000 | 0 | | Person | | | |

| (City) | (State) | (Zip) Tabl | e I - Non-I | Derivative Securities Acquir | ed, Disposed of, | or Beneficiall | y Owned |
|--------------------------------------|--------------------------------------|---|-------------|--|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. Securities Acquired (A) our Disposed of (D) (Instr. 3, 4 and 5) (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 03/04/2015 | | Code V P | Amount (D) Price 405 (1) A \$ 36.8654 | 8,764 | D | |
| Restricted Stock Units | | | | | 3,912 | D | |

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

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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) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 |
| NQ - Stock Option (Right to Buy) | \$ 38.06 | | | | | 02/17/2016 | 02/17/2019 | Common Stock | 5,284 |
| Non-Qualified Stock Option (right to buy) | \$ 29.5 | | | | | 12/01/2015 | 12/01/2024 | Common Stock | 5,491 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Cerioli Annunciata 300 MADISON AVENUE PO BOX 10060 TOLEDO, OH 43699-0060

VP, Chief Supply Chain Officer

Signatures

Debbie Hyndman, Attorney in Fact For: Annunciata
Cerioli

03/06/2015

**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) These shares are held jointly by Ms. Cerioli and her spouse.

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.

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