#### Edgar Filing: BARNES GROUP INC - Form 4

BARNES G Form 4 August 10, 2 FORM Check th if no lon subject to Section Form 4 Form 5 obligation may com See Insta 1(b).	2015 <b>A 4</b> UNITED S his box nger to 16. or Sitinue. ruction <b>S</b> <b>S</b> <b>S</b> <b>S</b> <b>S</b> <b>S</b> <b>S</b> <b>S</b>	V IENT OF CH	Vashington ANGES IN SECU n 16(a) of ti : Utility Ho	h, D.C. 2   BENEI RITIES he Secur  ding Co	0549 FICL ities	AL OW Exchang ny Act c	COMMISSION /NERSHIP OF ge Act of 1934, of 1935 or Sectio 40	OMB Number: Expires: Estimated burden ho response	ours per	
EDWARDS DAWN N Symb			2. Issuer Name <b>and</b> Ticker or Trading ymbol ARNES GROUP INC [B]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		3. Date of Earliest Transaction			(Cne	eck all applicable)			
BARNES ( STREET	10nth/Day/Year) 8/08/2015				Director       10% Owner        X Officer (give title       Other (specify below)         SVP, Human Resources					
	Amendment, Date Original (Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
BRISTOL,	CT 06010						Person	More than One	Reporting	
(City)	(State) (	(Zip) T	able I - Non-	Derivative	e Secu	irities Ac	quired, Disposed o	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	-	2A. Deemed Execution Date, any (Month/Day/Yea	Code r) (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	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	08/08/2015		F	552	D	\$ 39.93	64,574.9543 (1)	D		
Common Stock	08/09/2015		F	778	D	\$ 39.93	63,796.9543 (2)	D		
Common Stock							13,786.357	Ι	by Company's 401(k) Plan	

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 (9-02)

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# 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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amoun Underly Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director 10% Owne		Officer	Other				
EDWARDS DAWN N BARNES GROUP INC. 123 MAIN STREET BRISTOL, CT 06010			SVP, Human Resources					
Signatures								
Monique B. Marchetti, pursuar Attorney	nt to a Pov	wer of	08/10/2015					
<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).
- Includes balances of 1598 Restricted Stock Units granted 2/9/2011, 2599 granted 2/12/2013, 2300 granted 2/12/2014, 1400 granted
   (1) 2/12/2014 and 2400 granted 2/11/2015, and 6600 Performance Share Awards granted 2/12/2013, 3900 granted 2/12/2014, 2300 granted 2/12/2014 and 4000 granted 2/11/2015, that are subject to forfeiture if certain events occur.

Includes balances of 2599 Restricted Stock Units granted 2/12/2013, 2300 granted 2/12/2014, 1400 granted 2/12/2014 and 2400 granted
(2) 2/11/2015, and 6600 Performance Share Awards granted 2/12/2013, 3900 granted 2/12/2014, 2300 granted 2/12/2014 and 4000 granted 2/11/2015, that are subject to forfeiture if certain events occur.

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.