## Edgar Filing: DICCIANI NANCE K - Form 4

DICCIANI N	IANCE K											
Form 4	0010											
September 14												
FORM	4 UNITED	STATES	SECUR	ITIES A	ND EX(	'HAI	NGE (	COMMISSION	т	IB APPROVAL		
	UNITED	JIAILO		hington,			UL		OMB Number:	3235-0287		
Check this				g,	200120	•••			Expires:	January 31,		
if no longe subject to		IENT O	F CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF		2005		
	Section 16. SECURITIES				ITIES	IES				Estimated average burden hours per		
Form 4 or							response					
Form 5 obligation	· ·						-	ge Act of 1934,				
may conti				•	•	· ·		f 1935 or Sectio	on			
See Instru	ction	30(h)	of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Print or Type R	(esponses)											
						Reporting Person(s) to						
DICCIANI NANCE K Symbol								Issuer				
			Rockwo	od Holdir	ngs, Inc.	[ROO	C]	(Che	ck all applicable	e)		
(Last)	(First) (M	Aiddle)	3. Date of Earliest Transaction				(ene	······································				
			(Month/D	-				_X_ Director		6 Owner		
	WOOD HOLDIN		09/10/20	)10				Officer (give below)	e title Oth below)	er (specify		
INC., 100 O	VERLOOK CEN	TER										
	(Street)			ndment, Dat	-			6. Individual or J	oint/Group Fili	ng(Check		
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Deporting D	<b>27</b> 00 <b>7</b>		
PRINCETO	N NI 08540							Form filed by				
TRIVELIO	IN, INJ 00540							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	e 2A. Dee	med	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	/Day/Year) Execution Date, if			onAcquired			Securities		Indirect		
(Instr. 3) any (Month/Day/			Dav/Year)	Code (Instr. 8)	Disposed (Instr. 3,			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(infolitio	Duj, i cui)	(111541:0)	(111511-5),	i una	5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
								Transaction(s)				
						or		(Instr. 3 and 4)				
Comment				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock par				Code V	Amount			(Instr. 3 and 4)				
Common Stock, par value \$0.01	09/10/2010			Code V	Amount 713		Price \$ 0 (1)	(Instr. 3 and 4) 20,706	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. Transactic Code (Instr. 8)	5. ofNumber 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 Secu 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		Relationsh		
	Director	10% Owner	Officer	Other
DICCIANI NANCE K C/O ROCKWOOD HOLDINGS, INC. 100 OVERLOOK CENTER PRINCETON, NJ 08540	Х			
Signatures				
/s/ Michael W. Valente as Attorney-in-Fact	0	9/14/2010		
**Signature of Reporting Person		Date		
Explanation of Respon	0001			

## **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) Represents a quarterly grant of unrestricted shares of the Company's common stock as part of the Company's non-management director compensation.

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.