COTT CORP /CN/

Form 4

February 23, 2017

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

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Check this box

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 * Creamer Michael			2. Issuer Name and Ticker or Trading Symbol COTT CORP /CN/ [COT]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check all applicable)			
			(Month/Day/Year)	Director 10% Owner			
COTT CORPORATION, 5519 W. IDLEWILD AVENUE		, 5519 W.	02/21/2017	_X_ Officer (give title Other (specif below)  Vice President - HR			
(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			
TAMPA, FL 33634				Form filed by More than One Reportin Person			

(City)	(State)	(Zip) Tabl	e I - Non-I	Derivative S	Securi	ties Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securit or(A) or Dis (Instr. 3, 4)	sposed	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 Shares	02/21/2017		F	1,078 (1)	D	\$ 11.32	78,377	D	
Common Shares	02/21/2017		A	11,719 (2)	A	\$ 0	90,096	D	
Common Shares	02/21/2017		F	4,278 <sub>(3)</sub>	D	\$ 11.32	85,818	D	

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

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#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	<b></b> .	or		
						Exercisable Date	•	Title	Number		
					<del></del>				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Creamer Michael COTT CORPORATION 5519 W. IDLEWILD AVENUE TAMPA, FL 33634

Vice President - HR

## **Signatures**

/s/ Marni Morgan Poe, Attorney-in-Fact

02/23/2017

\*\*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) Represents the number of common shares withheld to satisfy tax obligations due upon the vesting of time-based restricted share units ("RSUs") granted to the Reporting Person on February 19, 2016.
- (2) Represents performance-based RSUs granted to the Reporting Person on February 13, 2014, which vested on February 21, 2017 as a result of the achievement of the performance criteria.
- (3) Represents the number of common shares withheld to satisfy tax obligations due upon the vesting of performance-based RSUs granted to the Reporting Person on February 13, 2014.

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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