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GIOVANNI AGNELLI E C S A A

Form 3

February 11, 2009

FORM 3

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

OMB

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washington, D.C. 2034)

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response...
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Addr Person <u>*</u> GIOVANNI A A	_	2. Date of Event Requiring Statement (Month/Day/Year) 03/10/2008		3. Issuer Name and Ticker or Trading Symbol GRAPHIC PACKAGING HOLDING CO [GPK]					
(Last) (First)	(Middle)				lationship n(s) to Is	of Repor	ting	5. If Amendment, Date Origina Filed(Month/Day/Year)
VIA DEL CARMINE 10, PRESSO SIMON FIDUCIARIA S.P.A (Street) TOURIN, ITALY, L6 10122 (City) (State) (Zip)					(Check all applicable) Director X 10% Owner Officer Other (give title below) (specify below)		10% Owner Other below)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State of Security (Instr. 4)	Juici	(Zip)		2. Amount of Beneficially (Instr. 4)	f Secur	rities	3. Ownershi Form: Direct (D or Indirect (I) (Instr. 5)	4. Na ip Own (Inst	eneficially Owned ature of Indirect Beneficial ership r. 5)
Common Stock	, par valı	ue \$0.01 po	er share (1)	34,222,500)		I	See	Footnote (2)
Reminder: Report of owned directly or i		te line for ea	ch class of secu	urities benefici	ially	SI	EC 1473 (7	7-02)	
	informa require	ation conta ed to respo	oond to the c lined in this t nd unless th	form are not e form displ					

 $Table\ II\ -\ Derivative\ Securities\ Beneficially\ Owned\ (\textit{e.g.},\ puts,\ calls,\ warrants,\ options,\ convertible\ securities)$

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership

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(Month/Day/Year)		Derivative S (Instr. 4)	Security	or Exercise Price of	Form of Derivative	(Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

Â

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

GIOVANNI AGNELLI E C S A A
VIA DEL CARMINE 10
PRESSO SIMON FIDUCIARIA S.P.A
TOURIN, ITALY, L6Â 10122

Signatures

/s/ Peter J. Rothenberg, Attorney-in-Fact 02/11/2009

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).
 - Pursuant to a merger of Graphic Packaging Corporation ("Graphic") with and into Giant Merger Sub, Inc. ("Merger Sub"), a wholly owned subsidiary of New Giant Corporation ("New Giant"), each share of Graphic owned by OLD TOWN S.A., formerly known as EXOR GROUP S.A. ("OLD TOWN"), prior to the merger was converted into the right to receive one share of New Giant. Upon
- (1) effectiveness of the merger, New Giant then changed its name to Graphic Packaging Holding Company, Inc. (the "Issuer"). The merger is described in the Form S-4/A filed by the Issuer on December 6, 2007. As a result of the merger which was effective on March 10, 2008, the 34,222,500 shares of Graphic common stock beneficially owned by OLD TOWN at such time were converted into 34,222,500 shares of Issuer common stock.
- (2) Giovanni Agnelli e C.S.a.p.az. is the beneficial owner of more than 70% of the equity interests of OLD TOWN. The reporting person disclaims having a beneficial interest in the shares of the Issuer.

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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