Edgar Filing: SYSCO CORP - Form 4

SYSCO CO	RP										
Form 4											
April 02, 20	15										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								IB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMINISSION	OMB Number:	3235-0287		
Check th	is box		vv as	sinington,	D.C. 20	347				January 31,	
if no long		MENT O	F CHAN	GES IN	BENEF		LOW	NERSHIP OF	Expires:	200	
subject to Section 1)				SECURITIES				Estimated average		
Form 4 o				22001					burden hours per response 0.!		
Form 5	Filed pu	rsuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,		0.0	
obligatio may cont	ns Section 17						-	1935 or Section	1		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
	`										
(Print or Type I	Responses)										
1 Name and A	ddress of Reporting	Person *	2 Isour	Nomo ond	Ticker or	Tradia	20	5. Relationship of	Reporting Pers	son(s) to	
LIAENED LOCEDILA ID			Symbol	uer Name and Ticker or Trading				Issuer			
			-	CORP [S	SYYI						
(Last)	(First)	(Middle)		_	-			(Check	k all applicable	2)	
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					X_ Director 10% Owner			
			03/31/2	-				Officer (give title Other (specify			
			00,01,2	010				below)	below)		
(Street) 4				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Year)			Applicable Line) _X_ Form filed by C	na Paparting Pa	reon	
HOUSTON	TY 77077							Form filed by M			
11005101	, 1A //0//							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Dat	te 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct			
(Instr. 3)		any (Manth/	Code (Instr. 3, 4 and 5)					Beneficially Owned		Beneficial	
		(wionun)	Day/Year)	(Instr. 8)				Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(A)		Reported		(,	
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	03/31/2015			А	326 <u>(1)</u>	А	\$	64,829	D		
Stock	00,01,2010						38.26	0.,025	2		
Common	03/31/2015			٨	163 <u>(2)</u>	٨	\$	64,992	D		
Stock	03/31/2013			А	103 (2)	A	38.26	04,992	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	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		Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HAFNER JOSEPH A JR 1390 ENCLAVE PARKWAY HOUSTON, TX 77077	Х						
Signatures							
/s/ Russell T. Libby, attorney-in-fact		04/02/2015	5				

**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 shares elected to be received in lieu of a portion of non-employee director annual cash retainer fees pursuant to 2009 Non-Employee Directors Stock Plan.
- (2) Represents company match equal to 50% of shares described in Footnote 1.

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.