

PRIMO WATER CORP /CN/

Reported by **FOWDEN JEREMY S G**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/04/17 for the Period Ending 12/31/16

Address 4221 W. BOY SCOUT BLVD.

SUITE 400

TAMPA, FL, 33607

Telephone 813-313-1732

CIK 0000884713

Symbol PRMW

SIC Code 2086 - Bottled and Canned Soft Drinks and Carbonated Waters

Industry Non-Alcoholic Beverages

Sector Consumer Non-Cyclicals

Fiscal Year 12/28



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. I	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
FOWDEN J	EREMY	SG			CO	TTC	COL	RP /CN/	[C	COT]					,				
(Last)	(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director10% Owner X Officer (give title below) Other (specify below)						
5519 W. IDLEWILD AVENUE						12/31/2016								Chief Executive Officer					
	(Stre	et)			4. I	f An	nendme	ent, Date O	rigi	nal File	ed (MM/D	D/YY	YY)	6. Individual o	or Joint/G	roup Filing	Check Appl	icable Line)	
TAMPA, FL 33634 (City) (State) (Zip)													X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(C	ity) (3ta	(Z.		I - Non	ı-Der	ivati	ve Sec	urities Ac	quir	ed, Di	sposed o	of, or	Be	neficially Owne	ed				
1.Title of Security (Instr. 3)]	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Secur or Dispo (Instr. 3		_		mount of Securities Beneficially Owned owing Reported Transaction(s) r. 3 and 4)			of Indirect Beneficial				
								Code	V	Amoun	(A) or (D)	Pric	ce					Ownership (Instr. 4)	
Common Shares 12/31/2010)16	6		F		29116 (1)			811022		D					
	Tab	le II - Der	ivative	Securi	ities I	Bene	ficially	Owned (e.g.	, puts,	calls, w	arrai	nts,	, options, conve	rtible sec	urities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deen Execution Date, if a	n (In	4. Trans. Cod (Instr. 8)		de 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date			rities ⁄ativ	s Underlying re Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				(Code	V	(A)	(D)	Date	Date Expir Exercisable Date		Title		nount or Number of ares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Explanation of	Responses	:				_				_									

(1) Represents the number of common shares withheld to satisfy tax obligations due upon the vesting of time-based units granted to the Reporting Person on February 13, 2014.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
FOWDEN JEREMY S G								
5519 W. IDLEWILD AVENUE	X		Chief Executive Officer					
TAMPA, FL 33634								

Signatures

/s/Marni Morgan Poe, Attorney-in-Fact	1/4/2017		
** Signature of Reporting Person	Date		

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.