

PRIMO WATER CORP /CN/

Reported by RICHARDSON PAUL

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/05/04 for the Period Ending 12/31/03

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 12/02



[] 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.	Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
RICHARDSON PAUL					C	COTT CORP /CN/ [COT]							Director	,	10	% Owner		
(Last)	(First)	(Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (give title below) Other (specify below)					
1270 RIEGEIS LANDING DR						12/31/2003							President, Cott Beverages USA					
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)						
SARASOTA, FL 34242 (City) (State) (Zip)											X Form filed by One Reporting Person Form filed by More than One Reporting Person							
	<i>y</i>) (****			e I - No	n-De	rivati	ive Sec	urities Ac	equi	red, Di	sposed	of, or	Ben	reficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans				te 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de V	Dispose			(5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Share 12/31				12/31/2	003	3		A	•	240.906	. /	\$28.01	-t	34080.732		I	In Trust	
	Tabl	le II - Der	ivativ	e Secui	ities	Bene	ficially	Owned (e.g.	, puts,	calls, v	varran	ıts,	options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	Date Ex	Execut				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						ities 1	Underlying Security	Derivative Security	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Dat Exe	te ercisable	Expiratio Date	n Title	Amo Shar	ount or Number of res		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (1) The U.S. dollar price represents the conversion of (Cdn)\$36.36 to U.S. dollars on the date of the transaction.
- (2) Represents unvested Shares held in trust that were acquired pursuant to the Executive Incentive Share Compensation Plan (the "Plan") in 2001, 2002 and 2003. The reporting individual also holds 3,883 Shares held directly; 2,070.58 vested Shares held pursuant to the Restated Cott USA 401(k) Savings and Retirement Plan (as at 10/31/03); and 1.260 Shares held in trust pursuant to the Plan that vested on or before 01/02/03.

Reporting Owners

Panarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
RICHARDSON PAUL								
1270 RIEGEIS LANDING DR			President, Cott Beverages USA					
SARASOTA, FL 34242								

Signatures

Andrea Szanto, by power of attorney	1/5/2004		
** 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.