

[] 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

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## 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) |   |  |                         |  |
|--|---|-------------|-------------|-------------|---|------------|--|------------|--|---|--------------------|--|---|---|---|--|-------------------------|--|
| FOWDEN J                                       | EREMY   | SG          |             |             | Pr  | imo        | Wate   | er Corp    | /CI  | N/ [ P  | RMW                | ]  |   | priodoro)   |   |  |                         |  |
| (Last) (First) (Middle)                        |   |             |             | 3. I        | Date  | of Earli   | est Transa   | ctio       | n (MM/                                     | DD/YYYY   | _X_ Director       |  |   |   |   |  |                         |  |
|  |   |             |             |             |   |            | 10/1   | 1 /2       | 000  |   |                    | Officer (gi  | ve title below  | (r)Oth  | er (specify b   | pelow)   |                         |  |
| C/O PRIMO                                      |   |             |             |             |   | 12/11/2020 |  |            |  |   |                    |  |   |   |   |  |                         |  |
| CORPORAT<br>SCOUT BO                           |   |             | ST BC       | ŊΥ          |   |            |  |            |  |   |                    |  |   |   |   |  |                         |  |
|  | (Stre   | et)         |             |             | 4. I  | f An       | nendmei  | nt, Date O | rigir                                      | nal Fil   | ed (MM/DI          | D/YYY  | YY) 6. Individual   | or Joint/G  | roup Filing   | (Check Appl  | licable Line)           |  |
| TAMPA, FL 33607 (City) (State) (Zip)           |   |             |             |             |   |            |  |            |  |   |                    |  | _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person                   |   |   |  |                         |  |
|  |   |             | Table       | I - Non     | -Der  | ivati      | ive Secu   | rities Acc | quir                                       | ed, Di  | sposed o           | f, or  | Beneficially Own  | ed  |   |  |                         |  |
| 1.Title of Security (Instr. 3) 2. Trans.       |   |             | 2. Trans. I | Trans. Date |   |            | 3. Trans. Co<br>(Instr. 8)   | de         | or Disp                                    | curities Acquired isposed of (D) r. 3, 4 and 5) |                    |  | 5. Amount of Securities Beneficially Owned<br>Following Reported Transaction(s)<br>(Instr. 3 and 4) |   | Ownership<br>Form:                                    | Beneficial   |                         |  |
|  |   |             |             |             |   |            |  | Code       | v  | Amou  | (A) or (D)         | Pric   | e   |   |   | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4)                     | Ownership<br>(Instr. 4) |  |
| Common Shares 12/11/20                         |   |             |             | )20         |   |            | F  |            | 2256                                       | <u>1)</u> <b>D</b>                              | \$15.8             | 1268490  |   |   | D   |  |                         |  |
|  | Tab   | ole II - De | rivativ     | e Securi    | ities l                                     | Bene       | eficially  | Owned (    | e.g.,                                      | puts,   | calls, wa          | rran   | ts, options, conve  | rtible secı   | ırities)  | •  |                         |  |
| 1. Title of Derivate<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date        | Executi     |             |   | Code       | 5. Number of<br>Derivative Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |            | 6. Date Exercisable and<br>Expiration Date |   | Secur<br>Deriv     | le and Amount of<br>ities Underlying<br>ative Security<br>3 and 4) | Derivative<br>Security<br>(Instr. 5)  | Securities<br>Beneficially<br>Owned                                     | Ownership<br>Form of<br>Derivative<br>Security:       | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                         |  |
|  |   |             |             | Code        | ode.  | v          | (A)  | (D)        | Date<br>Exer                               | cisable   | Expiration<br>Date | Title  | Amount or Number of<br>Shares   |   | Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Direct (D)<br>or Indirect<br>(I) (Instr.<br>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 December 11, 2018.

**Reporting Owners** 

| _ 1 0  |               |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |  |
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer | Other |  |  |  |
| FOWDEN JEREMY S G<br>C/O PRIMO WATER CORPORATION<br>4221 WEST BOY SCOUT BOULEVARD<br>TAMPA, FL 33607 | X             |           |         |       |  |  |  |

## **Signatures**

/s/ Marni Morgan Poe, Attorney-in-Fact 12/11/2020

\*\*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.