

### PRIMO WATER CORP /CN/

# Reported by WATSON LEONARD

### FORM 3

(Initial Statement of Beneficial Ownership)

### Filed 09/07/04 for the Period Ending 09/06/04

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



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

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# INITIAL STATEMENT OF 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 * WATSON LEONARD |                     | 2. Date of Event Requiring Statement (MM/DD/YYYY 9/6/2004               |                                     | <i>(</i> )  | 3. Issuer Name and Ticker or Trading Symbol  COTT CORP /CN/ [COT]   |   |   |  |  |  |
|--|---------------------|---|-------------------------------------|---|---|---|---|--|--|--|
| (Last) (First) (Middle)                                  | 4. Relat            | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                     |   |   |   |   |  |  |  |
| 159 GLENVALE BLVD.                                       | X                   | rector<br>_ Officer (give<br>nformation                                 |                                     |   | 10% Owner Other (specify below)   |   |   |  |  |  |
| (Street) TORONTO, A6 M4G 2W5 (City) (State) (Zip)        |                     | 5. If Amendment, Date<br>Original Filed (MM/DD/Y                        |                                     | Y) X Form filed by  | Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |  |  |
|  | Tab                 | le I - Non-I  | Derivati                            | ve Securities Benefic                                     | ially Owned   |   |   |  |  |  |
| (Instr. 4) B   |                     |   | Beneficially Owned I<br>Instr. 4) ( |   | •   | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |   |  |  |  |
| Table II - Derivativ                                     | e Securities        | Beneficially  | y Owne                              | d ( e.g. , puts, calls, w                                 | varrants, options   | s, convertible sec                                    | urities)  |  |  |  |
| (Instr. 4) an (M   |                     | Date Exercisable<br>d Expiration Date<br>M/DD/YYYY)                     |                                     | e and Amount of<br>ties Underlying<br>tive Security<br>4) | 4. Conversion or Exercise Price of Derivative   | Form of Derivative Security:                          | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |
|  | Date<br>Exercisable | -   |                                     | Amount or Number of Shares                                | Security  | Direct (D) or<br>Indirect (I)<br>(Instr. 5)           |   |  |  |  |

#### **Explanation of Responses:**

No securities are beneficially owned.

#### **Reporting Owners**

| Paparting Owner Name / Address | Relationships |           |                           |       |  |  |
|--------------------------------|---------------|-----------|---------------------------|-------|--|--|
| Reporting Owner Name / Address | Director      | 10% Owner | Officer                   | Other |  |  |
| WATSON LEONARD                 |               |           |                           |       |  |  |
| 159 GLENVALE BLVD.             |               |           | Chief Information Officer |       |  |  |
| TORONTO, A6 M4G 2W5            |               |           |                           |       |  |  |

#### **Signatures**

Andrea Szanto, by power of attorney

\*\*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 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).

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.