## Edgar Filing: HEALY BERNADINE - Form 4

HEALY BERNA	DINE										
Form 4 January 30, 2007											
FORM 4		статес	SECU	DITIES	AND EV	CHANCE	COMMISSIO	T	PPROVAL		
Washington, D.C. 20549								N OMB Number:	3235-0287		
Check this box if no longer						Expires:	January 31, 2005				
subject to Section 16. Form 4 or						ICIAL U	WNERSHIF OF	Estimated burden hou response	ours per		
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	Section 17(	a) of the l	Public U	Jtility Ho	lding Co		nge Act of 1934, of 1935 or Section 1940	·			
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> HEALY BERNADINE			2. Issuer Name <b>and</b> Ticker or Trading Symbol ASHLAND INC. [ASH]			5. Relationship of Reporting Person(s) to Issuer					
(Lest) (First) (Middle)							(Check all applicable)				
(Last) (First) (Middle) THE CLEVELAND CLINIC FOUNDATION, 1950 RICHMOND ROAD			3. Date of Earliest Transaction (Month/Day/Year) 01/26/2007			X Director Officer (giv below)		6 Owner er (specify			
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
	(State)	(Zip)					Person				
		-					Acquired, Disposed		•		
	ansaction Date hth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) or of (D)	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Report or	n a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforr requi	nation cont red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					sposed of, or convertible	Beneficially Owned securities)	1			

1. Title of<br/>Derivative2.3. Transaction Date3A. Deemed4.5. Number6. Date Exercisable and<br/>Expiration Date7. Title and Amount of<br/>Underlying Securities8. Pr1. Title of<br/>Derivative2.3. Transaction Date4.5. Number6. Date Exercisable and<br/>Expiration Date7. Title and Amount of<br/>Underlying Securities8. Pr

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Secu (Inst	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	01/26/2007		А	1,472		(2)	(2)	Common Stock	1,472	\$ 6

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
HEALY BERNADINE THE CLEVELAND CLINIC FOUNDATI 1950 RICHMOND ROAD LYNDHURST, OH 44124	ON X							
Signatures								
David B. Mattingly, Attorney-in-Fact	01/30/2007							
**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) Each Restricted Stock Unit represents a right to receive one (1) share of Ashland Common Stock.

Grant of deferred Restricted Stock Units pursuant to Ashland's Deferred Compensation Plan for Non-Employee Directors, and exempt under Rule 16b-3. The Restricted Stock Units will vest one year after date of grant and will be payable in cash or stock upon termination

(2) and a rate for 5. The restricted stock of this will vest one year and out of grant and will be payable in cash of stock upon terminates of service. (One (1) Restricted Stock Unit in the Deferred Compensation Plan for Non-Employee Directors is the equivalent of one (1) share of Ashland Common Stock.)

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.