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Form 4	NC.											
March 19, 200												
FORM	4 UNITED	STATES	SECU	RITIES A	AND EX	CHANGE	COMMISSION		PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								Number:	3235-0287			
Check this if no longer subject to Section 16. Form 4 or Form 5	T STATEN	MENT OI		SECUI	RITIES	Expires: Estimated burden hou response	urs per					
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type Re	sponses)											
1. Name and Add HEALY BER	2. Issuer Name and Ticker or Trading Symbol ASHLAND INC. [ASH]				5. Relationship of Reporting Person(s) to Issuer							
(Last)						(Che	eck all applicable)					
				Day/Year) 2007			X_ Director 10% Owner Officer (give title Other (specify below) below)					
Filed(Month/				Annth/Day/Year) Applicable Line) _X_ Form filed by				oint/Group Filing(Check One Reporting Person More than One Reporting				
LYNDHURS	T, OH 44124						Person		oporting			
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned			
	Transaction Date Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8) Code V	Disposed	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Repor	t on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly.					
P					Perso inforr requi	ons who res 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	2.	3. Transaction Date	3A. Deemed	4. 5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber	Expiration Date	Underlying Securities	Derivativ

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	3)	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Instr. 3 and 4)		Security (Instr. 5)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Units	\$ 0 <u>(1)</u>	03/15/2007		J <u>(2)</u>		38		(2)	(2)	Common Stock	38	\$ 64.0
Restricted Stock Units	<u>(3)</u>	03/15/2007		J <u>(4)</u>		6		(4)	<u>(4)</u>	Common Stock	6	\$ 64.0

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
HEALY BERNADINE THE CLEVELAND CLINIC FOUNDA 1950 RICHMOND ROAD LYNDHURST, OH 44124	TION	Х					
Signatures							
David B. Mattingly, Attorney-in-Fact	03/1	9/2007					
**Signature of Reporting Person	Ε	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).
- (3) Each Restricted Stock Unit represents a right to receive one (1) share of Ashland Common Stock.
- (1) 1-for-1

Common Stock Units acquired pursuant to Ashland's Deferred Compensation Plan for Non-Employee Directors as of 3-15-07, payable in
(2) cash or stock upon termination of service and exempt under Rule 16b-3. (One (1) Common Stock Unit in the Deferred Compensation Plan for Non-Employee Directors is the equivalent of one (1) share of Ashland Common Stock.)

Restricted Stock Units acquired pursuant to Ashland's Deferred Compensation Plan for Non-Employee Directors as of 3-15-07, payable
(4) in cash or stock upon termination of service and exempt from Rule 16b-3. (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.