## Edgar Filing: ASHLAND INC. - Form 4

ASHLAND I Form 4	NC.												
February 24,	2014												
FORM	<b>4</b>		C CECUD	THE	<b>.</b>				COMMISSION	т	PPROVAL		
Check this	UNITE	OMB Number:	3235-0287										
if no long	<b></b>				Expires:	January 31, 2005							
subject to Section 16 Form 4 or	<b>51A1</b>	EMENT C	)F CHAN(	NERSHIP OF	Estimated a burden hou response	average Irs per							
Form 5 obligation may conti <i>See</i> Instru 1(b).	s Section	17(a) of the		ility H	old	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40				
(Print or Type R	esponses)												
Solomon Walter H Sy			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol ASHLAND INC. [ASH]						5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)							(Check all applicable)				
(Last) (First) (Middle) 3499 BLAZER PARKWAY			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/21/2014</li></ul>						Director 10% Owner XOfficer (give title Other (specify below) below) Vice President				
	(Street)		4. If Amer	Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
· · · · · · · · · · · · · · · · · · ·				th/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
LEAINOIO	IN, IX I 40309								Person				
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		ion Date, if	3.4. SectTransactionAcquirCodeDispos(Instr. 8)(Instr. 70)			l (A) o l of (D 4 and (A)	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial			
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	02/21/2014			G		150	A	\$0	21,908	D			
Common Stock	02/21/2014			G	V	169	D	\$0	21,739	D			
Common Stock									7,440 (1)	I	401(k)		
Common Stock									0	I	Parent		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
					Exercisable	Date		of			
				Code V	(A) (D)				Shares		
				Cout v	$(\mathbf{T})$ $(\mathbf{D})$				Shares		

## **Reporting Owners**

Reporting Owner Name / Address				
1	Director	10% Owner	Officer	Other
Solomon Walter H 3499 BLAZER PARKWAY LEXINGTON, KY 40509			Vice President	
Signatures				
/s/ David A. Rines, Attorney-in-Fact		02/21/2014		

\*\*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) Based on Employee Savings Plan information as of February 20, 2014, the latest date for which such information is reasonably available.

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.