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Slater Todd A Form 4	A											
August 24, 2	017											
FORM	4									PPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed purs inue. Section 17(a	uant to S) of the I	Section 16 Public Ut	SECUR 6(a) of the	January 31 Expires: 2005 Estimated average burden hours per response 0.5							
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> Slater Todd A			2. Issuer Name and Ticker or Trading Symbol OLIN CORP [OLN]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M	iddle)	3. Date of Earliest Transaction					(Check all applicable)				
C/O OLIN C CARONDE 1530		(Month/Day/Year) 08/22/2016					Director 10% Owner X Officer (give title Other (specify below) below) VP & CFO					
	(Street)	Street) 4. If Amer Filed(Mont						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
CLAYTON	, MO 63105							Person		porting		
(City)	(State) (Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nsaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Pri)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock \$1 par value	08/22/2017			A	750	A	\$0	62,741	D			
Common Stock \$1 par value								11,729.8601	I	By ESOP Trustee		

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

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number.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting C	Owners	Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Slater Todd A C/O OLIN CORPORATION VP & CFO 190 CARONDELET PLAZA, SUITE 1530 CLAYTON, MO 63105 Signatures /s/ T. E. Murphy, 08/24/2017 Attorney-in-Fact **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).

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.