Edgar Filing: McMonagle James J - Form 4

McMonagle.	James J										
Form 4											
February 24,	2010										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EACHANGE COMMISSION							ONID	3235-0287			
Check thi	s box		Was	hington,	D.C. 205	549			Number:		
if no long	er		T CHAN			CT L			Expires: January		
subject to		EMENT O	OF CHAN	NGES IN BENEFICIAL OW				NERSHIP OF	Expires. 2005 Estimated average burden hours per		
Section 1				SECURITIES							
Form 4 or Form 5			G (* 14		а ···	г	1	4 6 1024	response 0.5		
obligation								ge Act of 1934,			
may conti	inue. Section I							f 1935 or Sectio	n		
See Instru	iction	30(n) of the Inv	vestment	Company	y Aci	01 19	40			
1(b).											
(Print or Type R	Responses)										
1	11 (D)	· • *						5 5 1 1.			
McMonagle James J Syn				Name and	Ticker or T	Fradin	g	5. Relationship of Reporting Person(s) to Issuer			
			-	Symbol							
			Owens C	Corning [(JC]			(Chec	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction						
				onth/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
			02/22/20	02/22/2010				below)	title Other (specify below)		
PARKWAY											
(Street)			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	Filed(Month/Day/Year)					Applicable Line)		
								_X_Form filed by Form filed by N	One Reporting Po More than One Re		
TOLEDO, C	DH 43659							Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Executi	on Date, if TransactionAcquired (A) or					Securities	Form: Direct	Indirect	
(Instr. 3)		any Marth	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially	(D) or Indirect (I)	Beneficial	
		(Month				Owned Following	ndirect (I) Instr. 4)	Ownership (Instr. 4)			
								Reported	(instit i)	(instr. i)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
\$.01 Par											
Value	02/22/2010			А	1,087 (1)	А	\$0	44,735	D		
Common					(1)						

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 o Derivati Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	Code	FransactionNumbe Code of Instr. 8) Derivat Securit Acquire (A) or		umber Expiration Date (Month/Day/Year) erivative ecurities cquired () or isposed (D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code	4, and V (A) (1	I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McMonagle James J ONE OWENS CORNING PARKWAY TOLEDO, OH 43659	Х						
Signatures							
Jeffrey S. Wilke by POA filed 1/9/07	02/24/2						
<u>**</u> 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) Deferred share portion of quarterly Director retainer/fees.

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.