**AUTOLIV INC** Form 4 February 16, 2016

## FORM 4

Check this box

if no longer

subject to

Section 16.

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB

**OMB APPROVAL** 

3235-0287 Number: January 31,

Expires: 2005 Estimated average

0.5

burden hours per response...

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. See Instruction

30(h) of the Investment Company Act of 1940 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* KEPLER DAVID E

(First)

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

below)

**AUTOLIV INC [ALV]** 

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 02/15/2016

X\_ Director 10% Owner Officer (give title Other (specify

(Check all applicable)

INC., VASAGATAN 11, 7TH

**FLOOR** 

(City)

(Last)

C/O AUTOLIV.

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

STOCKHOLM, V7 SE-111 20

2. Transaction Date 2A. Deemed 1. Title of Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Ownership Indirect (I) (Instr. 4) (Instr. 4)

(A) Transaction(s) or (Instr. 3 and 4)

Price Code V Amount (D)

Common 02/15/2016 Stock

 $A^{(1)}$ 584 \$0 A 584 D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

#### Edgar Filing: AUTOLIV INC - Form 4

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) |                                   |                     | ate             | 7. Title<br>Amoun<br>Under | nt of<br>lying<br>ities | 8. Price of Derivative Security (Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene |
|-----------------------------------------------------|---------------------------------------------|-----------------------------------------|-------------------------------------------------------------|---------------------------------------|-----------------------------------|---------------------|-----------------|----------------------------|-------------------------|--------------------------------------------|---------------------------------|
|                                                     | Derivative<br>Security                      |                                         |                                                             |                                       | Securities<br>Acquired            |                     |                 | (Instr.                    | 3 and 4)                |                                            | Owne<br>Follo                   |
|                                                     |                                             |                                         |                                                             |                                       | (A) or<br>Disposed                |                     |                 |                            |                         |                                            | Repo<br>Trans                   |
|                                                     |                                             |                                         |                                                             |                                       | of (D)<br>(Instr. 3,<br>4, and 5) |                     |                 |                            |                         |                                            | (Instr                          |
|                                                     |                                             |                                         |                                                             |                                       | 4, and 3)                         |                     |                 |                            | Amount                  |                                            |                                 |
|                                                     |                                             |                                         |                                                             |                                       |                                   | Date<br>Exercisable | Expiration Date | Title                      | or<br>Number<br>of      |                                            |                                 |
|                                                     |                                             |                                         |                                                             | Code V                                | (A) (D)                           |                     |                 |                            | Shares                  |                                            |                                 |

# **Reporting Owners**

| Reporting Owner Name / Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Relationships |           |         |       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
| Transfer of the control of the contr | Director      | 10% Owner | Officer | Other |  |  |  |
| KEPLER DAVID E<br>C/O AUTOLIV, INC.<br>VASAGATAN 11, 7TH FLOOR<br>STOCKHOLM, V7 SE-111 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X             |           |         |       |  |  |  |

## **Signatures**

Reporting Person

/s/ David E.
Kepler

\*\*Signature of 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) Reflects a grant of fully-vested shares of common stock as payment of one-third of the director's annual 2015 retainer.

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.

Reporting Owners 2