SMUCKER J M CO

Form 4 June 28, 2007

FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response... 0.5

1(b).

(City)

(Zin)

(State)

(Print or Type Responses)

1. Name and Address of Reporting Person * Sabin Julia L			2. Issuer Name and Ticker or Trading Symbol SMUCKER J M CO [SJM]	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle) 3. Date of Earliest Transaction		(Check all applicable)		
			(Month/Day/Year)	Director 10% Owner		
ONE STRAWBERRY LANE			06/26/2007	_X_ Officer (give title Other (specify below)		
				Vice President		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line)		
ORRVILLE,	OH 44667-	0280		_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Secu	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Shares	06/26/2007		M	3,000	A	\$ 43.38	11,476.653 (1)	D	
Common Shares	06/26/2007		M	563	A	\$ 44.17	12,039.653 (1)	D	
Common Shares	06/26/2007		S	3,000	D	\$ 61.255	9,039.653 (1)	D	
Common Shares	06/26/2007		S	563	D	\$ 61.255	8,476.653 <u>(1)</u>	D	
Common Shares	06/27/2007		M	437	A	\$ 44.17	8,913.653 <u>(1)</u>	D	

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Common Shares	06/27/2007	S	437	D	\$ 62.145	8,476.653 <u>(1)</u>	D	
Common Shares						2,411.949	I	by 401(k)
Common Shares						2,316.2089	I	by ESOP

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

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(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Acqu (A) o Dispo	erivative rities aired or osed of 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option Common Shares	\$ 43.38	06/26/2007		M		3,000	(2)	10/28/2013	Common Shares	3,000
Option Common Shares	\$ 44.17	06/26/2007		M		563	(2)	10/27/2014	Common Shares	563
Option Common Shares	\$ 44.17	06/27/2007		M		437	(2)	10/27/2014	Common Shares	437

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Sabin Julia L								
ONE STRAWBERRY LANE			Vice President					
ORRVILLE, OH 44667-0280								

2 Reporting Owners

Signatures

M. Ann Harlan, POA 06/28/2007

**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).
- (2) All stock options are fully vested as a result of the Executive Compensation Committee's approval of accelerated vesting effective April 12, 2006.
- (1) Includes shares aquired under the Company's dividend reinvestment plan, as administered by its transfer agent.

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.

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