## Edgar Filing: AbbVie Inc. - Form 4

AbbVie Inc.												
Form 4												
May 10, 2016	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check this if no long	er								Expires:	January 31,		
subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNI				NERSHIP OF	Estimated a	2005 average		
Section 16	ection 16.				TIES				burden hou	irs per		
Form 4 or Form 5		want to Saa	tion 16	(a) of the	Sagurit	as Er	rahan	hat of 1024	response	0.5		
obligation	· · · · · · · · · · · · · · · · · · ·							ge Act of 1934, f 1935 or Sectio	n			
may conti	nue.			estment (	•	- ·			11			
See Instru 1(b).	ction	50(11) 01		estinent v	compan.	y 1100	. 01 17	10				
-(-).												
(Print or Type R	esponses)											
RAPP EDWARD J Symbol				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
								Issuer (Check all applicable)				
				e Inc. [ABBV]								
(Last)	(First) (M	st) (Middle) 3. Date of 1			Earliest Transaction							
(Month/Da				-			X_ Director		b Owner er (specify			
1 N. WAUKEGAN ROAD 05/06/20			6/06/20	)16				Officer (give title     Other (specify below)				
(Street) 4. If Amen			ndment, Date Original			6. Individual or Joint/Group Filing(Check						
				nth/Day/Year)				Applicable Line)				
								_X_ Form filed by (	One Reporting Po Jore than One Ro			
NORTH CH	ICAGO, IL 6006	4						Person		porting		
(City)	(State) (	(Zip)	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution D	Date, if	Transactio Code				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 3) any (Month/Day/Year)			CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				-	· ·	Ownership			
		•						Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	р.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
stock, \$0.01	05/06/2016			A <u>(1)</u>	2,974	А	\$0	12,960	D			
par value	00/00/2010			· •	_,> / 1	11	(1)	12,700	-			
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)

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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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner Officer		Other				
RAPP EDWARD J 1 N. WAUKEGAN ROAD NORTH CHICAGO, IL 60064	Х							
Signatures								
Steven L. Scrogham, attorney-in Rapp	05/10/2016							
<u>**</u> Signature of Reporting	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).

These are restricted stock units awarded under the AbbVie 2013 Incentive Stock Program (the "Program"). They will be paid, on a (1) one-to-one basis, in shares of AbbVie common stock on the earlier of the date of the director's separation from service, death, or the

occurrence of a change in control (as defined in the Program).

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.