#### GLIMCHER LAURIE H M.D.

Form 4

November 07, 2012

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

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response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * GLIMCHER LAURIE H M.D. |          |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer  |  |  |  |
|--|----------|----------|--|---|--|--|--|
|  |          |          | WATERS CORP /DE/ [WAT]                             | (Check all applicable)  |  |  |  |
| (Last)   | (First)  | (Middle) | 3. Date of Earliest Transaction                    |   |  |  |  |
|  |          |          | (Month/Day/Year)                                   | X Director 10% Owner  |  |  |  |
| 34 MAPLE STREET  |          |          | 11/06/2012   | Officer (give title below) Other (specify below)  |  |  |  |
|  | (Street) |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check   |  |  |  |
| MILFORD,   | MA 01757 |          | Filed(Month/Day/Year)                              | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting |  |  |  |
| , , , , , ,  |          |          |  | Person  |  |  |  |
| (City)   | (State)  | (Zip)    | Table I - Non-Derivative Securities Acc            | quired, Disposed of, or Beneficially Owner  |  |  |  |

| (City)     | (State)             | Table Table        | e I - Non-D | erivative           | Secur  | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned     |
|------------|---------------------|--------------------|-------------|---------------------|--------|-----------|--------------------|------------------|--------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed         | 3.          | 4. Securi           | ties A | cquired   | 5. Amount of       | 6. Ownership     | 7. Nature of |
| Security   | (Month/Day/Year)    | Execution Date, if | Transactio  | n(A) or D           | ispose | d of (D)  | Securities         | Form: Direct     | Indirect     |
| (Instr. 3) |                     | any                | Code        | (Instr. 3, 4 and 5) |        |           | Beneficially       | (D) or           | Beneficial   |
|            |                     | (Month/Day/Year)   | (Instr. 8)  |                     |        |           | Owned              | Indirect (I)     | Ownership    |
|            |                     |                    |             |                     |        |           | Following          | (Instr. 4)       | (Instr. 4)   |
|            |                     |                    |             |                     | (A)    |           | Reported           |                  |              |
|            |                     |                    |             |                     | or     |           | Transaction(s)     |                  |              |
|            |                     |                    | Code V      | Amount              |        | Price     | (Instr. 3 and 4)   |                  |              |
| Common     | 11/06/2012          | 11/06/2012         | M           | 1,000               | A      | \$ 38.1   | 7.500              | D                |              |
| Stock      | 11/00/2012          | 11/00/2012         | 1V1         | 1,000               | A      | Ф 30.1    | 7,300              | D                |              |
| Common     |                     |                    |             |                     |        | \$        |                    |                  |              |
| Stock      | 11/06/2012          | 11/06/2012         | S           | 1,000               | D      | 84.74     | 6,500              | 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)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |       | mof Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |  |
|---|---|--------------------------------------|---|--|--|-------|--|--------------------|---|--|
|   |   |                                      |   | Code V                                 | (A)  | (D)   | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |
| Stock<br>Option<br>(Right to<br>Buy)                | \$ 38.1   | 11/06/2012                           | 11/06/2012  | M                                      |  | 1,000 | 01/03/2007   | 01/03/2016         | Common<br>Stock   | 1,000                                  |

## **Reporting Owners**

| Reporting Owner Name / Address                                 | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| •  | Director      | 10% Owner | Officer | Other |  |  |  |
| GLIMCHER LAURIE H M.D.<br>34 MAPLE STREET<br>MILFORD, MA 01757 | X             |           |         |       |  |  |  |

## **Signatures**

/s/ Dr. Laurie H.
Glimcher

\*\*Signature of Reporting Date

\*\*Signature of Reporting

# **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.

Reporting Owners 2