Edgar Filing: AZZ INC - Form 4

AZZ INC

| Form 4 August 01, 201 | Λ | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE | | | | | | | | OMB APPROVAL | | |
| - | UNIII | ED STATE | | FIES AN ington, D | | | GE C | OMMISSION | OMB Number: | 3235-0287 |
| Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continu <i>See</i> Instructi 1(b). | STAT Filed e. Section | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1940 | | | | | | | January 31, 2005 Estimated average burden hours per response 0.5 | |
| (Print or Type Res | ponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person * 2. Issuer N PERRY DANA Symbol AZZ INC | | | Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Mon | | | | Date of Earliest Transaction Ionth/Day/Year) 7/30/2014 | | | | Officer (give title Other (specify below) below) | | |
| (Street) 4. If Amend Filed(Month | | | | ment, Date Original /Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | |
| FORT WORT | H, TX 7610 |)7 | | | | | | Form filed by M Person | | |
| (City) | (State) | (Zip) | Table I | - Non-Der | ivative Se | curiti | es Acqu | uired, Disposed of | , or Beneficial | ly Owned |
| 1.Title of Security (Instr. 3) | | any | Deemed cution Date, if nth/Day/Year) | 3. Transactio Code (Instr. 8) Code V | 4. Securi onAcquirec Disposed (Instr. 3, Amount | l (A) c l of (D 4 and (A) or |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | |
| COMMON STOCK | 07/30/201 | 4 | | А | 2,000 | А | \$0 | 499,241 | D | |

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)

Edgar Filing: AZZ INC - Form 4

| 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) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|-----------------------------------------------------------------------------------|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| PERRY DANA ONE MUSEUM PLACE, S 3100 WEST 7TH STREET FORT WORTH, TX 76107 | Х | | | | | | | |
| Signatures | | | | | | | | |
| Tara D. Mackey | 08/01/2014 | ļ | | | | | | |
| **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).

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.