#### Edgar Filing: WATERS CORP /DE/ - Form 4

WATERS CO	ORP /DE/									
Form 4										
February 29,	2016									
FORM	<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL		
	• • UNITED S					NGE (	COMMISSION		3235-0287	
Check this	s box	vva	ashington,	D.C. 203	949			Number:	January 31	
-	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005		
subject to Section 10							Estimated average			
Form 4 or									burden hours per response 0.5	
Form 5	Filed purs	suant to Section	16(a) of the	e Securiti	es Ex	cchang	ge Act of 1934,		010	
obligation may conti		a) of the Public U	Jtility Hold	ling Com	pany	Act o	f 1935 or Sectio	n		
See Instru		30(h) of the I	nvestment	Company	y Act	of 19	40			
1(b).										
(Print or Type R	(esponses)									
1. Name and A	ddress of Reporting F	Person <sup>*</sup> 2 Issu	er Name and	Ticker or 7	Fradin	a	5. Relationship of	f Reporting Per	son(s) to	
SILVEIRA N	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol				Issuer	1 0			
			ERS CORP	/DE/ [W	AT1					
(Last)	(First) (N			-			(Chec	ck all applicable	e)	
(2000)		3. Date of Earliest Transaction (Month/Day/Year)				Director	10%	6 Owner		
34 MAPLE	02/26/	-				X_Officer (give titleOther (specify				
							below) VP. Co	below) orporate Contro	ller	
	(Street)	4 If Am	endment, Dat	te Original				-		
		onth/Day/Year)	-			6. Individual or Joint/Group Filing(Check Applicable Line)				
		T neu(m	onul Duy, I cui)				_X_ Form filed by	One Reporting Po	erson	
MILFORD,	MA 01757						Form filed by M Person	More than One Re	eporting	
(City)	(State) (	(Zip) Tal								
(City)	(State) (	Tal	ole I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, i any	f Transactio Code	onAcquired Disposed				Form: Direct D) or	Indirect Beneficial	
(111511: 5)		(Month/Day/Year		•			-	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported Transaction(s)			
			Col M	<b>A</b>	or	D	(Instr. 3 and 4)			
Common				Amount	(D)	Price				
Stock	02/26/2016	02/26/2016	F	56	D	\$0	3,993	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)

#### 1. Title of 3. Transaction Date 3A. Deemed 5. 6. Date Exercisable and 7. Title and 8. Price of 2. 4. 9. Nt (Month/Day/Year) Derivative Conversion Execution Date, if TransactionNumber Expiration Date Amount of Derivative Deriv Security or Exercise any Code of (Month/Day/Year) Underlying Security Secu (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities (Instr. 5) Derivative Bene (Instr. 3 and 4) Derivative Securities Own Security Acquired Follo (A) or Repo Disposed Trans of (D) (Insti (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Shares Code V (A) (D)

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## **Reporting Owners**

<b>Reporting Owner Name / Add</b>	ress		Relationships	
	Director	10% Owner	Officer	Other
SILVEIRA MICHAEL F 34 MAPLE STREET MILFORD, MA 01757			VP, Corporate Controller	
Signatures				
/s/ Michael F. Silveira	02/29/2016			

<u>\*\*</u>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.