## Edgar Filing: Carlson Jan - Form 4

Carlson Jan											
Form 4											
June 15, 2010	0										
FORM							OMB APPROVAL				
	• • UNITED S				NGE (	COMMISSION	OND	3235-0287			
Check thi	s box	V	Vashington,	D.C. 20	549			Number:	January 31,		
if no long		ENT OF CH	NCFS IN	RENEFI	СТА		NEDSHID OF	Expires:	2005		
subject to			ANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per			
Section 10 Form 4 or			SECURITIES								
Form 5		uant to Section	16(a) of the	- Securit	ies F	xchano	ge Act of 1934,	response	0.5		
obligation	$^{18}$ Section 17(a)					-	f 1935 or Sectio	n			
may conti	inue.		Investment	•	- ·						
See Instru 1(b).				F	<i>,</i>						
~ /											
(Print or Type R	Responses)										
1. Name and A	ddress of Reporting F	erson <u>*</u>	2. Issuer Nan	ne and Tic	ker or	Trading	5. Relationshi	5. Relationship of Reporting Person(s) to			
Carlson Jan			Symbol				Issuer	Issuer			
			AUTOLIV	INC [AL	V]			(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Ch	(Check an applicable)			
× ,	~ /	× /	(Month/Day/Year)				Director	Director 10% Owner			
C/O AUTOI	LIV, INC., WORI	LD TRADE	06/14/2010	,			_X_Officer		ther (specify		
CENTER, KLARABERGSVIADUKTEN							title below) P	title below) below) President & CEO			
70											
(Street)			4. If Amendme	ent, Date O	rigina	ıl	6. Individual	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Da	y/Year)			**	Applicable Line)			
								by One Reporting by More than On			
STOCKHOI	LM, V7 SE-107 2	4					Person	by wore than on	e Reporting		
(City)	(State)	(Zip)	Table I - Nor	n-Derivati	ve Seo	curities .	Acquired, Dispose	d of, or Benefi	cially Owned		
1.Title of	2. Transaction Date		3.				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)					Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)						5)	Owned	Indirect (I)	Ownership (Instr. 4)		
			, , , ,	]		Following	(Instr. 4)				
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
			Code V	Amount	(D)	Price	(insure und 1)				
Common	06/11/10010		N	5 000		\$ 50.2	20.424	D			
Stock	06/14/2010		М	5,000	А	50.3 (1)	20,434	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)

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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. Transacti Code (Instr. 8)			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
Restricted Stock Unit	(2)	06/14/2010		М		5,000	06/14/2010	06/14/2010	Common Stock	5,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships						
		Director	10% Owner	Officer	Other			
Carlson Jan C/O AUTOLIV, INC., WO KLARABERGSVIADUKT STOCKHOLM, V7 SE-107	TEN 70		President & CEO					
Signatures								
Ian Carlson	06/14/2010							

Jan Carlson 06/14/2010

\*\*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).
- Represents the closing price on June 14, 2010. No consideration was or is payable by the reporting person. (1)
- The Restricted Stock Units were granted under the Company's Stock Incentive Plan of 1997, as amended, on June 14, 2007 at no cost to (2) the reporting person.

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.