**Bourget Jonathan** Form 5 January 08, 2013

### FORM 5

#### **OMB APPROVAL**

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

**OMB** 3235-0362 Number: January 31,

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

2005 Estimated average burden hours per

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

OWNERSHIP OF SECURITIES

Reported 30(h) of the Investment Company Act of 1940 Form 4

Transactions Reported

1(b).

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **Bourget Jonathan** Symbol GLATFELTER P H CO [GLT] (Check all applicable) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) (Middle) (Month/Day/Year) Director 10% Owner Other (specify \_X\_\_ Officer (give title 12/31/2012 below) below) 96 S. GEORGE STREET, SUITE VP, AMBU Business Unit 500 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line)

YORK, PAÂ 17401

(City)

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4)

Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

(State)

(Zip)

**SEC 2270** Persons who respond to the collection of information contained in this form are not required to respond unless (9-02)the form displays a currently valid OMB control number.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	of	Expiration Date	Underlying Securiti
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities		

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	Derivative Security				Acqui (A) or Dispo of (D) (Instr. and 5)	sed 3, 4,				
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Share
Performance Stock Award	Â	12/31/2012	Â	J <u>(2)</u>	101	Â	01/01/2015	03/15/2015	Common Stock, Par Value \$.01	101
Performance Stock Award	Â	12/31/2012	Â	J4 (2)	108	Â	03/03/2014	03/03/2014	Common Stock, Par Value \$.01	108

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>Fg</b>	Director	10% Owner	Officer	Othe		
Bourget Jonathan 96 S. GEORGE STREET SUITE 500 YORK, PA 17401	Â	Â	VP, AMBU Business Unit	Â		

## **Signatures**

Linda M. Levans
by POA

\*\*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).
- (1) Not applicable to this transaction
- (2) Dividends accrue on the target amount of PSA awards, and the purpose of this filing is to update the award amount to reflect the accrued dividends, payment of which is subject to attainment of the performance goals and payment of the underlying award.
- (3) PSA Award amount reflects a target number. Actual payout will range from 0% to 150% of target subject to attainment of performance goals.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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