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Form 4										
February 06	ПЛ								OMB AF	PROVAL
				RITIES AND EXCHANGE COMMISSIC shington, D.C. 20549				OMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNERSHIP SECURITIES					Expires: January 31 2009 Estimated average burden hours per response 0.9	
Form 5 obligatic may con <i>See</i> Instr 1(b).	tinue. Section 1	7(a) of the	Public U	tility Hol		npany	Act of	e Act of 1934, 1935 or Sectior 0	1	
(Print or Type	Responses)									
Romano John D Symbol Tronox			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				ox Ltd [TROX] e of Earliest Transaction				(Check all applicable)		
	^(First) AFORD PLAZA BLVD, SUITE			Day/Year)	ransaction			Director Officer (give t below) SVP, Chief		Owner er (specify Officer
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
STAMFOR	D, CT 06901							Person	ore than One Re	porting
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securi	ties Acqu	uired, Disposed of	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock Class A	02/02/2017			Code V A	Amount 28,396 (1)	(D) A	Price \$ 13.17	291,286	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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Prio Deriv: Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Options (right to buy)	\$ 25.9					(2)	06/26/2022	Class A Common Stock	18,695 (2)	
Common Stock Options (right to buy)	\$ 19.09					(2)	02/25/2023	Class A Common Stock	95,710 (2)	
Common Stock Options (right to buy)	\$ 21.98					<u>(3)</u>	02/10/2024	Class A Common Stock	26,894 (3)	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Romano John D ONE STAMFORD PLAZA 263 TRESSER BLVD, SUITE 1100 STAMFORD, CT 06901			SVP, Chief Commercial Officer				
Signatures							
/s/ Richard L. Muglia, as attorney-in-fact	02/06/20)17					
**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).

(1)

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The Restricted Share Units subject to this grant shall vest in equal annual portions on each of the next three (3) anniversaries of the Grant Date (each, a "Vesting Date") provided that the Participant is then providing services to the Company on each such Vesting Date. Dividends will be accrued until shares vest and paid at that time.

(2) As reported on Form 4 filed on 10/11/2013, the options vest in three equal installments on the anniversary date of the grant.

(3) As reported on Form 4 filed 2/12/2014, the options vest in three equal installments on the anniversary date of the grant.

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.