Edgar Filing: Massman Linda K - Form 4

Maaaman Linda V

Massman Lii	nda K											
Form 4												
January 03, 2	2013											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
		D STATE		ATTIES A			IGE (COMMISSION	OMB Number:	3235-0287		
Check thi	······B·····, 2···· 2··· ··					Expires:	January 31,					
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNER				NERSHIP OF		2005		
	Section 16.				SECURITIES				Estimated average burden hours per			
Form 4 or	r								response 0.5			
Form 5 obligation	• · · · ·						-	e Act of 1934,				
may cont				•	U			f 1935 or Sectio	n			
See Instru		30(h) of the In	vestment	Company	v Act	of 194	40				
1(b).												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person 2. Issuer N Massman Linda K								5. Relationship of Reporting Person(s) to Issuer				
	nua K		Symbol									
			Clearwa	earwater Paper Corp [CLW]				(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tra	ansaction							
				Month/Day/Year)				X_ Director 10% Owner X_ Officer (give title Other (specify				
AVENUE, SUITE 1100			01/01/20	01/2013			below) below)					
AVENUE,	JULI 1100							Pres	ident and CEO			
(Street) 4. If Ame			4. If Ame	nendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mor				Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
	WA 00201								Aore than One Re			
SPOKANE,	WA 99201							Person		1 0		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	1						6. Ownership				
Security (Instr. 3)	(Month/Day/Yes	ar) Executi any	on Date, if Transaction(A) or Disposed of Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(instr. 5)		-					5)	Owned	× /	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				a 1 b		or	р.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Common Stock (1)	01/01/2013			А	35,587 (2)	А	\$0	178,117	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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int 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				
Massman Linda K 601 W. RIVERSIDE AVENUE SUITE 1100 SPOKANE, WA 99201	X		President and CEO					
Signatures								
/s/ Michael S. Gadd, Attorney-in-Fact	01	/03/2013						
**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) Represents award of restricted stock units ("RSUs"). RSUs may be settled only for shares of common stock on a one-for-one basis.

Represents award of RSUs that will vest on December 31, 2015, assuming continued employment. During the vesting period, an amount(2) equal to the dividends that would have been paid on the RSUs had they been in the form of common stock will be converted into additional RSUs.

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.