

BROWN FORMAN CORP
Form 3
March 28, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Wolff Pen Branch, LP</p> <p>(Last) (First) (Middle)</p> <p>C/O THE GLENVIEW TRUST COMPANY, 4946 U.S. HIGHWAY 42, SUITE 2000</p> <p>(Street)</p> <p>LOUISVILLE, KY 40222</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>03/23/2017</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>BROWN FORMAN CORP [BFA]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person</p>
---	---	---	---	---	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock, \$0.15 par value per share	42,000,000	D (1)	Wolff Pen Branch, LP

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---------------------------	----------------------	--

Edgar Filing: BROWN FORMAN CORP - Form 3

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security:
					Direct (D) or Indirect (I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Wolf Pen Branch, LP C/O THE GLENVIEW TRUST COMPANY 4946 U.S. HIGHWAY 42, SUITE 2000 LOUISVILLE, KY 40222	^	^ X	^	^
Wolf Pen Branch GP, LLC C/O THE GLENVIEW TRUST COMPANY 4946 U.S. HIGHWAY 42, SUITE 2000 LOUISVILLE, KY 40222	^	^ X	^	^

Signatures

Wolf Pen Branch, LP, By: Wolf Pen Branch GP, LLC, its general partner, By: /s/ Martin S. Brown, Jr., Name: Martin S. Brown, Jr., Title: Chairman	03/28/2017
__Signature of Reporting Person	Date
Wolf Pen Branch GP, LLC, By: /s/ Martin S. Brown, Jr., Name: Martin S. Brown, Jr., Title: Chairman	03/28/2017
__Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) As the sole general partner of Wolf Pen Branch, LP, Wolf Pen Branch GP, LLC may be deemed to indirectly beneficially own the securities owned by Wolf Pen Branch, LP, which owns the reported securities directly.

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.