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Tronox Ltd Form 4 February 26, 2 FORM Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b).	4 UNITED S	ENT OF suant to Se) of the P	Was CHAN ection 10 ublic Ut	Shington, GES IN SECUR 6(a) of the	D.C. 205 BENEFI ITIES e Securiti ling Com	5 49 CIAI es Ex pany	COW Control Control	COMMISSION NERSHIP OF e Act of 1934, E 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response	rs per	
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> Mahoney Kevin V			2. Issuer Name and Ticker or Trading Symbol Tronox Ltd [TROX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 02/24/2016					Director 10% Owner X Officer (give title 0ther (specify below) below) Vice President, Controller			
			endment, Date Original onth/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 Person				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		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)		
Common Stock Class A	02/24/2016			Code V A	Amount 37,802 (1)	(D) A	Price \$ 3.8	70,711	D		
Common Stock Class A	02/25/2016			F	950	D	\$ 4.37	64,696 <u>(2)</u>	D		

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

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

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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Title and 2 Underlying S (Instr. 3 and	Securities	8. Pric Deriv: Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Options (right to buy)	\$ 19.09					(3)	02/25/2023	Class A Common Stock	26,050 (3)	
Common Stock Options (right to buy)	\$ 21.98					(4)	02/10/2024	Class A Common Stock	10,231 (4)	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Mahoney Kevin V ONE STAMFORD PLAZA, 263 TRESSER BLVD. SUITE 1100 STAMFORD, CT 06901			Vice President, Controller				
Signatures							
/s/ Richard L. Muglia, as							

attorney-in-fact	02/26/2016
**C' () D	D (

**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).

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 (1) 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.

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As of February 25, 2016, 7,476 of previously granted restricted shares were eligible to vest. 5,065 of these previously granted restricted
(2) shares did not vest due to vesting criteria not being satisfied. The Company withheld 950 shares to satisfy withholding tax obligations and Mr. Mahoney received the balance of 1,462 shares of previously granted restricted shares.

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

(4) 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.