#### Edgar Filing: CHASE CORP - Form 4

CHASE CORI	Р							
Form 4 February 27, 2	2015							
FORM	Л				OMB A	PPROVAL		
	UNITED S		ITIES AND EXCHANGE hington, D.C. 20549	E COMMISSION	OMB Number:	3235-0287		
Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Expires: January 3 Expires: 20 Estimated average burden hours per response 0							
(Print or Type Re	sponses)							
1. Name and Add CHASE PETI	dress of Reporting Pe ER R	Symbol	Name <b>and</b> Ticker or Trading	5. Relationship of I Issuer				
(Last)	(First) (Mi	ddle) 3. Date of 1	Earliest Transaction	(Check	(Check all applicable)			
26 SUMMER	STREET	(Month/Da 02/25/20	-	below)	XOfficer (give titleOther (specify			
BRIDGEWA	(Street) TER, MA 02324	4. If Amen Filed(Mont	dment, Date Original h/Day/Year)	6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Po	erson		
(City)	(State) (Z	Zip) Table	I - Non-Derivative Securities A		or Beneficia	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed	3. 4. Securities Acqui Transactior(A) or Disposed of Code (Instr. 3, 4 and 5) (Instr. 8) (A) or	red 5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Chase Corporation Common Stock				667,901	D			
Chase Corporation Common Stock				73,980 <u>(1)</u>	I	Peter R. Chase 2013 Annuity Trust		
Chase Corporation Common				150,880 <u>(4)</u>	I	Peter R. Chase 2014		

Stock								Annuity Trust
Chase Corporation Common Stock	02/25/2015	S	275	D	\$ 43.25 (3)	178,682 <u>(2)</u>	Ι	Peter R. Chase Insurance Trust
Chase Corporation Common Stock	02/26/2015	S	275	D	\$ 43 ( <u>3</u> )	178,407 <u>(2)</u>	Ι	Peter R. Chase Insurance Trust
Chase Corporation Common Stock	02/27/2015	S	275	D	\$ 43.11 (3)	178,132 <u>(2)</u>	I	Peter R. Chase Insurance Trust

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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				
CHASE PETER R 26 SUMMER STREET	x	X	Executive Chairman					
BRIDGEWATER, MA 02324	21		Likeculi ve Chunnhun					

# Signatures

Paula Myers by power of 02/27/2015 attorney

\*\*Signature of Reporting Person

Date

#### ng Person

## **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 shares held by the Peter R. Chase 2013 qualified Annuity Trust, a grantor retained annuity trust.
- (2) Represents shares held by the Peter R. Chase Insurance Trust.
- (3) Reflects shares sold pursuant to a trading plan that was adopted on August 25, 2014 complying with rule 10b5-1 under the Securities Act of 1934, as amended.
- (4) Reflects shares held by the Peter R. Chase 2014 qualified Annuity Trust, a grantor retained annuity trust.

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.