## Edgar Filing: Button Bell Katherine - Form 4

Button Bell 1 Form 4	Katherine											
December 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL				
						D.C. 20				Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	F CHAN Section 1 Public U of the In	<b>SECU</b> 6(a) of tility H	Expires: Estimated a burden hour response	0								
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Button Bell Katherine						Ticker or			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	/liddle)	3. Date of				L		(Check all applicable)			
(]				Day/Year 018	.)				Director 10% Owner X_Officer (give title Other (specify below) below) Sr. VP & Chief Marketing Off.			
				mendment, Date Original Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
ST. LOUIS,	, MO 63136								Form filed by Mo Person	ore than One Rep	oorting	
(City)	(State)	(Zip)	Tabl	le I - No	n-D	erivative	Secur	ities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)		
Common Stock	12/18/2018			M <u>(1)</u>		1,200 (1)	А	\$ 30.025	47,347	D		
Common Stock	12/18/2018			F <u>(2)</u>		610 <u>(2)</u>	D	\$ 59.05	46,737	D		
Common Stock	12/18/2018			F <u>(3)</u>		267 <u>(3)</u>	D	\$ 59.05	46,470	D		
Common Stock									1,378.205	I	401(k) plan	
Common Stock									4,907.961	Ι	401(k) excess	

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Reminder: Report on a separate line for each class of securities beneficial	v owned directly or indirectly.
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#### 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	2.	3. Transaction Date		4. T		umber	6. Date Exercisab	le and	7. Title and A	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	(Instr. 8)			Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Employee Stock Option (Right to Buy)	\$ 30.025	12/18/2018		M <u>(1)</u>		1,200 (1)	02/19/2010 <u>(4)</u>	02/19/2019	Common Stock	1,200

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director 10% Owne		Officer	Other				
Button Bell Katherine C/O EMERSON ELECTRIC CO. 8000 W. FLORRISSANT AVENUE ST. LOUIS, MO 63136			Sr. VP & Chief Marketing Off.					
Signatures								
/s/ John A. Sperino, Attorney-in-Fact for Katherine Button Bell			12/20/2018					
<u>**</u> Signature of Reporting Per	rson		Date					
Evalenction of Doone	<b>n</b> 000							

## **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) Exercise of 1,200 non-qualified stock options exempt under Rule 16b-3.

plan

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- (2) Payment of option exercise price by delivering securities.
- (3) Shares withheld for taxes exempt under Rule 16b-3 resulting from non-qualified stock option exercise.
- (4) The options vested in three equal annual installments beginning on the date indicated.
- (5) Price is not applicable to stock options received as incentive compensation.

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.