## Edgar Filing: GILLIS RUTH ANN M - Form 4

| GILLIS RU<br>Form 4                                                                                                     | TH ANN M                                               |                                                                                                                                                                                                                                      |                                                                   |                                                  |                        |                                                  |                                                                                                                                                                                        |                                                                                                                    |          |                                                                          |                                                             |             |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------|------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------|-------------------------------------------------------------|-------------|
| October 03,                                                                                                             | 2012                                                   |                                                                                                                                                                                                                                      |                                                                   |                                                  |                        |                                                  |                                                                                                                                                                                        |                                                                                                                    |          |                                                                          |                                                             |             |
| FORM                                                                                                                    | ЛЛ                                                     | STATES                                                                                                                                                                                                                               |                                                                   |                                                  |                        |                                                  | NGE                                                                                                                                                                                    | COMMISSIO                                                                                                          |          | OMB                                                                      | PPROVA                                                      | AL<br>-0287 |
| Check th<br>if no lor<br>subject to<br>Section<br>Form 4<br>Form 5<br>obligation<br>may cor<br><i>See</i> Inst<br>1(b). | nger<br>to<br>16.<br>or<br>Filed put<br>ons<br>stinue. | <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b><br><b>SECURITIES</b><br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |                                                                   |                                                  |                        |                                                  |                                                                                                                                                                                        |                                                                                                                    |          | Number:<br>Expires:<br>Estimated average<br>burden hours per<br>response |                                                             |             |
| (Print or Type                                                                                                          | Responses)                                             |                                                                                                                                                                                                                                      |                                                                   |                                                  |                        |                                                  |                                                                                                                                                                                        |                                                                                                                    |          |                                                                          |                                                             |             |
| 1. Name and A                                                                                                           | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol  |                                                                                                                                                                                                                                      |                                                                   |                                                  |                        | 5. Relationship of Reporting Person(s) to Issuer |                                                                                                                                                                                        |                                                                                                                    |          |                                                                          |                                                             |             |
| - · ·                                                                                                                   |                                                        | POTLATCH CORP [PCH]                                                                                                                                                                                                                  |                                                                   |                                                  |                        |                                                  | (Check all applicable)                                                                                                                                                                 |                                                                                                                    |          |                                                                          |                                                             |             |
| (Last) (First) (Middle)<br>601 W. FIRST AVENUE, SUITE<br>1600                                                           |                                                        |                                                                                                                                                                                                                                      | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>10/01/2012 |                                                  |                        |                                                  |                                                                                                                                                                                        | XDirector10% Owner<br>Officer (give titleOther (specify<br>below)Other (specify                                    |          |                                                                          |                                                             |             |
|                                                                                                                         |                                                        |                                                                                                                                                                                                                                      |                                                                   | Anth/Day/Year)                                   |                        |                                                  | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |                                                                                                                    |          |                                                                          |                                                             |             |
| SPOKANE                                                                                                                 | E, WA 99201                                            |                                                                                                                                                                                                                                      |                                                                   |                                                  |                        |                                                  |                                                                                                                                                                                        | Form filed by<br>Person                                                                                            | y More   | than One R                                                               | eporting                                                    |             |
| (City)                                                                                                                  | (State)                                                | (Zip)                                                                                                                                                                                                                                | Tab                                                               | le I - Non-J                                     | Derivative             | Securi                                           | ties A                                                                                                                                                                                 | cquired, Disposed                                                                                                  | l of, oi | Beneficia                                                                | lly Owne                                                    | d           |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                    | 2. Transaction Date<br>(Month/Day/Year)                | 2A. Deeme<br>Execution I<br>any<br>(Month/Da                                                                                                                                                                                         | Date, if                                                          | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | Disposed<br>(Instr. 3, | (A) or<br>of (D)<br>4 and 5)<br>(A)<br>or        | )<br>Price                                                                                                                                                                             | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | Form     | wnership<br>n: Direct<br>or Indirect<br>r. 4)                            | 7. Nature<br>Indirect<br>Benefici:<br>Ownersh<br>(Instr. 4) | al<br>1ip   |
| Domin dom D                                                                                                             | nont on a second 1'                                    | o for o 1 1                                                                                                                                                                                                                          | of                                                                |                                                  |                        | . ,                                              |                                                                                                                                                                                        | n in dine et l                                                                                                     |          |                                                                          |                                                             |             |
| Keminder: Ke                                                                                                            | port on a separate line                                | e for each cla                                                                                                                                                                                                                       | iss of sec                                                        | unues bene                                       | Perso                  | ons wh                                           | o res                                                                                                                                                                                  | r indirectly.<br>pond to the coll-<br>ained in this form                                                           |          |                                                                          | SEC 1474<br>(9-02)                                          |             |

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.        | 5. Number of | 6. Date Exercisable and Expiration | 7. Title and Amo |
|-------------|-------------|---------------------|--------------------|-----------|--------------|------------------------------------|------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti | orDerivative | Date                               | Underlying Secur |
| Security    | or Exercise |                     | any                | Code      | Securities   | (Month/Day/Year)                   | (Instr. 3 and 4) |

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| (Instr. 3)                    | Price of<br>Derivative<br>Security | (N         | Month/Day/Year) | (Instr. 8 | 8) | Acquired (A<br>Disposed o<br>(Instr. 3, 4,<br>5) | f (D) |                  |                 |                 |                 |
|-------------------------------|------------------------------------|------------|-----------------|-----------|----|--------------------------------------------------|-------|------------------|-----------------|-----------------|-----------------|
|                               |                                    |            |                 | Code      | v  | (A)                                              | (D)   | Date Exercisable | Expiration Date | Title           | An<br>Nu<br>Sha |
| Phantom<br>Stock<br>Units (1) | \$ 37.27                           | 10/01/2012 |                 | Α         |    | 429.299                                          |       | 01/01/2015(2)    | 01/01/2015(2)   | Common<br>Stock | 42              |

## **Reporting Owners**

\*\*Signature of Reporting Person

| Reporting Owner Name / Address                                            | Relationships |           |         |       |  |  |  |
|---------------------------------------------------------------------------|---------------|-----------|---------|-------|--|--|--|
|                                                                           | Director      | 10% Owner | Officer | Other |  |  |  |
| GILLIS RUTH ANN M<br>601 W. FIRST AVENUE, SUITE 1600<br>SPOKANE, WA 99201 | х             |           |         |       |  |  |  |
| Signatures                                                                |               |           |         |       |  |  |  |
| /s/ Lorrie D. Scott, Attorney<br>in Fact                                  | 10/04/201     | 2         |         |       |  |  |  |

## **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).

Date

- Phantom stock units are credited to the reporting person's account on the transaction date in accordance with the provisions of the(1) Potlatch Corporation Deferred Compensation Plan for Directors II and will be converted to cash and paid on a 1-for-1 basis with the issuer's common stock.
- (2) Phantom stock units will be converted to cash and paid on the date previously elected by the reporting person in accordance with the provisions of the Potlatch Corporation Deferred Compensation Plan for Directors II.

Phantom stock unit beneficial ownership represents phantom stock allocated to the reporting person's Deferred Compensation Account(3) since the reporting person's last report. These phantom stock allocations represent meeting attendance fees and a quarterly distribution of the annual retainer fee.

(4) Includes phantom stock allocated to the reporting person's Deferred Compensation Account since the reporting person's last report that represents a quarterly dividend.

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.