FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Jarrell Paul Arthur</u>							2. Issuer Name and Ticker or Trading Symbol OWENS ILLINOIS INC /DE/ [OI]										all app Direct	olicable) ctor er (give title			wner (specify
(Last) (First) (Middle) ONE MICHAEL OWENS WAY							3. Date of Earliest Transaction (Month/Day/Year) 03/07/2017										Sr.	,	ef Adr	Adm. Officer	
(Street) PERRYS (City)	ERRYSBURG OH 43551					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indiv ine) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transa Code (8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				l and 5) Secu Bend Own		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
											v	Amount	(<i>A</i>	() or ()	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock (Direct) 03/07/2								017				11,562 ⁽¹	.)	A	\$0.0000		6	63,547		D	
Common Stock (Direct) 03/07/2							017			A		1,934(2)		A	\$0.0000		65,481		D		
Common Stock (Direct) 03/07/2							017		F		2,792		D	\$19.97		62,689			D		
Common Stock (Indirect)																	4,	048.09		I	By 401k
	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)	e Conversion or Exercise Price of Derivative Security Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year)				4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) oo Dispo of (D) (Instiand 5	6. Date Expirati (Month/	on Da Day/Y		Amount of Securities Underlying Derivative Security (Instr. and 4)		ount nber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. The shares are subject to restrictions on sale that expire, either (i) as to 25% of the shares on each of the four anniversaries of the date of grant of such shares, or (ii) in their entirety upon the grantee's death or disability prior to a termination of employment.
- 2. Represents shares of common stock received by the reporting person on March 7, 2017 pursuant to action taken on that date by the Company's Compensation Committee determining the number of shares payable to the reporting person under certain restricted stock units granted for the 2014-2016 grant period. The restricted stock units did not constitute derivative securities on the date of grant thereof.

/s/Mary Beth Wilkinson, attorney-in-fact

03/08/2017

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.