FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | ST |
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| Name and Address of Penorting Person* | |

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Jarrell Paul Arthur | | | | | | 2. Issuer Name and Ticker or Trading Symbol OWENS ILLINOIS INC /DE/ [OI] | | | | | | | | | eck all appli Directo | or | | 10% Ov | /ner |
|--|---|------------|---|---------|---|---|---------|---|--|--|------------------|--|--------|--|--|---|--------------------------------------|--|--|
| (Last) ONE MI | , | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2013 | | | | | | | 2 | below) | Officer (give title below) Sr. VP & Chief Ad | | | Other (specify below) lm. Officer | | |
| (Street) PERRYSBURG OH 43551 | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | Perso | n | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | e Se | curitie | s Ac | quired, | Disp | osed o | of, or B | enefi | ciall | y Owned | k | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Benefici Owned I | es ally Following | Form (D) o | n: Direct r Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reporte Transac (Instr. 3 | tion(s) | | | Instr. 4) |
| Common | Stock (Di | rect) | | 03/07 | 7/2013 | 3 | | | A | | 3,836 | (1) A | 1 | \$ <mark>0</mark> | 20 | ,380 | B80 D | | |
| Common | Stock (In | direct) | | | | | | | | | | | | | 1,37 | 1.2625 I 401-K | | | |
| | | 7 | able II - | | | | | | uired, D , option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | ırity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | or | ount nber res | | | | | |
| Stock Option (3/07/2013 | \$26.07 | 03/07/2013 | | | A | | 8,078 | | (2) | 03 | 3/07/2020 | Commor Stock (Direct) | 8,0 | 78 | \$0 | 8,078 | 3 | D | |

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 first 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. The option vests in four equal annual installments beginning on the first anniversary of the date of the grant.

Remarks:

James W. Baehren for Paul A. <u>Jarrell</u>

03/08/2013

** 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.