FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL							
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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* Bouts Eric CM 2. Date of Event Requiring Statem (Month/Day/Year) 01/29/2013			nent	3. Issuer Name and Ticker or Trading Symbol OWENS ILLINOIS INC /DE/ [OI]							
(Last) (First) (Middle) ONE MICHAEL OWENS WAY			01,23,2013		Relationship of Reporting Person (Check all applicable) Director		on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)					X	Officer (give title below) VP, President of I	Other (spe below) Europe	cify		cable Line)	/Group Filing (Check y One Reporting Person
PERRYSBU		43551								Form filed by Reporting P	y More than One erson
(City)	(State)	(Zip)									
		٦	Table I - Non	-Derivati	ive Se	curities Beneficiall	y Owned				
1. Title of Security (Instr. 4)					nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock (Indirect)								401-K Plan			
Common St.	ock (Indirect)					87.9075	I		401-k	K Plan	
	ock (Indirect)	(e.				87.9075 urities Beneficially (ptions, convertible			401-k	C Plan	
	ivative Security (I			isable and	nts, o	urities Beneficially	securities		sion	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

Remarks:

James W. Baehren for Erik CM 02/05/2013 **Bouts**

** 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 5 (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.