FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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* WHITE EDWARD C | | | | | | | 2. Issuer Name and Ticker or Trading Symbol OWENS ILLINOIS INC /DE/ [OI] | | | | | | | | | (Check all app Direct | | licable) tor | g Pers | Person(s) to Issuer 10% Owner | | |
|--|--|----------|--|---|---|-----------------------------------|--|--------------------------------------|-----|------------------------------------|---|--------------------|---|---------------------------|--------------------------------------|--------------------------|---|--|---|---|--|--|
| (Last) ONE MIC | | (Firs | t) (I | | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2008 | | | | | | | | | | Officer (give title below) Sr. V.P. | | P Cl | Other (specify below) - CFO | | | | |
| (Street) PERRYS (City) | PERRYSBURG OH 43551 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | Form | lual 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. Transac Date (Month/Da | | | | | Execution | | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 03/07/2 | | | | | | 2008 | | A | | 15,750 | 15,750 ⁽¹⁾ | | \$ | \$0 | | 66,307 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | | 10,014.5337 | | | I | 401K Plan | | |
| | 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) | 2. Conversion or Exerciparity Price of Derivative Security | on se | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactior Code (Instr. | | | | 6. Date E Expiratio (Month/D | n Date | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deriv Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ares | | | | | | | |

Explanation of Responses:

1. Represents shares received by the reporting person on March 7, 2008 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 2005-2007 grant period. The restricted stock units did not constitute derivative securities on the date of grant thereof.

By: James W. Baehren For: Edward C. White

03/11/2008

** 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.