Johnston Peter Form 4 January 31, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

OMB 3235-0287 Number:

Expires: January 31, 2005

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).

(City)

(State)

(Zip)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Johnston Peter			2. Issuer Name and Ticker or Trading Symbol Tronox Ltd [TROX]	5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)		, ,	3. Date of Earliest Transaction (Month/Day/Year)	(Check all applicable) _X_ Director 10% Owner Officer (give title Other (speci			
ONE STAMFORD PLAZA, 263 TRESSER BLVD.,, SUITE 1100			01/29/2019	below) below)			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
STAMFORD, CT 06901				Form filed by More than One Reporting Person			

Table I. Non Devivative Committee Agained Disposed of an Poneficially Owned

(City)	(State) (2	Table	I - Non-De	erivative S	ecuriti	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securitin(A) or Dis (D) (Instr. 3, 4)	posed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock Class A	01/29/2019		A	16,591 (1)	A	\$0	91,597	D	
Common Stock Class A	01/29/2019		F	2,498 (2)	D	\$ 8.6	89,099	D	
Common Stock Class A	01/29/2019		F	1,311 (3)	D	\$ 8.6	87,788	D	

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

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SEC 1474 (9-02)

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 Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Securities Acquired		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo
					(A) or Disposed of (D) (Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number		Repo Trans (Instr
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Johnston Peter ONE STAMFORD PLAZA, 263 TRESSER BLVD., SUITE 1100 STAMFORD, CT 06901

X

Signatures

/s/ Steven Kaye, as attorney-in-fact

01/31/2019

**Signature of Reporting Person

Date

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).
- Pursuant to the Director's restricted share unit agreement, the Restricted Share Units subject to this grant shall vest on the first anniversary of the grant date (the "Vesting Date"), provided that the participant is then providing services to the Board on the Vesting Date.
- (2) The Company withheld 2,498 shares to satisfy withholding tax obligations and Mr. Johnston received the balance of 11,078 shares of previously granted restricted common stock.
- (3) The Company withheld 1,311 shares to satisfy withholding tax obligations and Mr. Johnston received the balance of 5,811 shares of previously granted restricted common stock.

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.

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