### Edgar Filing: AbbVie Inc. - Form 4

AbbVie Inc. Form 4 May 12, 201 <b>FORM</b> Check th if no long subject to Section 1 Form 4 co Form 5 obligation may com <i>See</i> Instr 1(b).	6 <b>1 4</b> UNITED S uis box ger o 5 16. or Filed pure stinue.	<b>IENT O</b> suant to a	Was F CHAN Section 1	shingt GES SEC 6(a) of tility F	on, IN 1 UR f the Hold	D.C. 20 BENEF ITIES e Securit ling Con	549 ICIA ies E ipany	LOWN xchange y Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hou response	rs per	
(Print or Type ]	Responses)											
1. Name and Address of Reporting Person * HURWICH THOMAS A.2. Issuer Symbol AbbVie						Ticker or BV]	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer			
				f Earliest Transaction					(Check all applicable)			
(Month/D 1 N. WAUKEGAN ROAD 05/10/20				-					Director 10% Owner X Officer (give title Other (specify below) VP, Controller			
				endment, Date Original nth/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
(City)		(Zip)					~		Person			
1.Title of Security (Instr. 3)	1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if			a I - Non-Derivative Securities Acquired 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				cquired d of (D)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common stock, \$0.01 par value	05/10/2016			Code M	V	Amount 6,000	or (D) A	Price \$ 27.29	(Instr. 3 and 4) 68,204	D		
Common stock, \$0.01 par value	05/10/2016			S		5,900	D	\$ 63.59	62,304	D		
Common stock, \$0.01 par value	05/10/2016			S		100	D	\$ 63.6	62,204	D		

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Common stock, \$0.01 par value	430 <u>(1)</u>	Ι	Profit Sharing Trust
Common stock, \$0.01 par value	274 <u>(2)</u>	Ι	By spouse in IRA

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

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 control number.

# 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. Transactic Code (Instr. 8)	5. Number ctionof Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (right to buy)	\$ 27.29	05/10/2016		М		6,000	02/16/2010	02/15/2017	Common shares	6,000

## **Reporting Owners**

Reporting Owner Name / Address	s Relationships								
	Director 10% Owne		Officer	Other					
HURWICH THOMAS A. 1 N. WAUKEGAN ROAD NORTH CHICAGO, IL 60064	VP, Controller								
Signatures									
Steven L. Scrogham, attorney-in Hurwich		05/12/2016							
<u>**</u> Signature of Report	Date								

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### **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).
- (1) Balance in the AbbVie Savings Program as of May 10, 2016.
- (2) The reporting person disclaims beneficial ownership of all securities held by his spouse.

#### **Remarks:**

This sale was made pursuant to a previously adopted plan complying with 10b5-1(c).

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.