## Edgar Filing: BOLDEA LUCIAN - Form 4

DOLDEA LUCIAN

| Form 4   | UCIAN                               |   |     |  |   |       |              |   |   |   |  |
|--|-------------------------------------|---|-----|--|---|-------|--------------|---|---|---|--|
| August 01, 2   |                                     |   |     |  |   |       |              |   |   |   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549   |                                     |   |     |  |   |       |              | OMMISSION   | OMB AF<br>OMB<br>Number:  | MB APPROVAL<br>3235-0287  |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 o<br>Form 5<br>obligatio<br>may cont<br><i>See</i> Instru<br>1(b). | 6.<br>r<br>Filed p<br>ns<br>inue.   | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |     |  |   |       |              |   | Expires:<br>Estimated a<br>burden hour<br>response                      | ours per  |  |
| (Print or Type I   | Responses)                          |   |     |  |   |       |              |   |   |   |  |
| BOLDEA LUCIAN Symbo<br>EAST  |                                     |   |     | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>EASTMAN CHEMICAL CO [EMN] |   |       |              | 5. Relationship of Reporting Person(s) to Issuer  |   |   |  |
|  |                                     |   |     |  |   |       |              | (Check all applicable)  |   |   |  |
|  |                                     |   |     | e of Earliest Transaction<br>h/Day/Year)<br>/2018                                  |   |       |              | Director 10% Owner<br>_X_ Officer (give title Other (specify<br>below) below)<br>Senior Vice President                                  |   |   |  |
|  |                                     |   |     | endment, Date Original<br>nth/Day/Year)  |   |       |              | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul> |   |   |  |
| KINGSPOF   | RT, TN 37660                        |   |     |  |   |       |              | _X_ Form filed by O<br>Form filed by M<br>Person  |   |   |  |
| (City)   | (State)                             | (Zip)   | Tab | le I - Non-I   | Derivative  | Secur | ities Acqu   | uired, Disposed of  | , or Beneficial   | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Da<br>(Month/Day/Yea | r) Execution<br>any   |     | 3.<br>Transactio<br>Code<br>(Instr. 8)<br>Code V                                   | 4. Securit<br>on(A) or Di<br>(Instr. 3,<br>Amount | spose | d of (D)     | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                      | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock  | 07/31/2018                          |   |     | S  | 3,523   | D     | \$<br>103.58 | 0   | D   |   |  |

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)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Under<br>Secur | le and<br>int of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|------------------------|---|---|--|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                  | Amount<br>or<br>Number<br>of<br>Shares            |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address                           | Relationships |           |                       |       |  |  |  |
|--|---------------|-----------|-----------------------|-------|--|--|--|
|  | Director      | 10% Owner | Officer               | Other |  |  |  |
| BOLDEA LUCIAN<br>200 SOUTH WILCOX<br>KINGSPORT, TN 37660 |               |           | Senior Vice President |       |  |  |  |
| Signatures   |               |           |                       |       |  |  |  |
| Brian L. Henry, by Power of Attorney                     |               | 08/01/201 | .8                    |       |  |  |  |
| **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).

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.