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

AbbVie Inc. Form 4											
July 02, 2015	5										
FORM	4		~~~~~						PPROVA	۱L	
	UNITED	STATES		RITIES A shington			E COMMISSION	NOMB Number:	3235-	0287	
Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont	6. r Filed pur inue.		ection T Public U	<b>SECUI</b> 16(a) of th	RITIES ne Secur ding Co	Estimated burden hou response	Estimated average burden hours per response 0.5				
See Instru 1(b).	uction	50(11)			. comp						
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> TILTON GLENN F			Symbol	er Name <b>an</b>		or Trading	5. Relationship of Reporting Person(s) to Issuer				
		AbbVie Inc. [ABBV]					(Check all applicable)				
(Last) (First) (Middle) 1 N. WAUKEGAN ROAD			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2015			X_ Director 10% Owner Officer (give title Other (specify below) below)					
		4. If Amendment, Date Original Filed(Month/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>						
NORTH CH	HICAGO, IL 600	64					Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owne	d	
	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3		Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip	
Reminder: Rep	ort on a separate line	e for each cla	ass of sec	urities bene	•	•	or indirectly. spond to the colle	ction of	SEC 1474		
					info requ	rmation con ired to resp lays a curre	tained in this form ond unless the fo ently valid OMB co	n are not rm	(9-02)		

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr.

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	Derivative Security		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)								
			Co	de V	7 (A)	) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Equivalent Units	\$ 0 <u>(1)</u>	06/30/2015	A		513	3	(1)	(1)	Common Stock	513	\$ 67

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	nips						
	Director	10% Owner	Officer	Other					
TILTON GLENN F									
1 N. WAUKEGAN ROAD	Х								
NORTH CHICAGO, IL 60064									
Signatures									
Steven L. Scrogham, attorney-in Tilton	Glenn F.		07/02/2015						
<u>**</u> Signature of Reporting			Date						
Explanation of Re-									

### **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).

Director fees credited to stock equivalent unit accounts under grantor trusts established by the director at Abbott Laboratories and AbbVie. The stock equivalent units in the Abbott account will be paid, in cash, generally at age 65 or upon retirement from Abbott's

- Abbvie. The stock equivalent units in the Abbvie account will be paid, in cash, generally at age 05 of upon retirement from Abbvie's board, and the stock equivalent units in the AbbVie account will be paid, in cash, generally at age 65 or upon retirement from AbbVie's board. The stock equivalent units in each account earn the same return as if the fees were invested in AbbVie stock.
- (2) Balance includes stock equivalent units acquired pursuant to a dividend reinvestment feature.

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.