

CALGON CARBON Corp
 Form 3
 January 07, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Fortwangler Robert		(Month/Day/Year)	CALGON CARBON Corp [CCC]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
3000 GSK DRIVE			(Check all applicable)	
(Street)			___ Director	___ 10% Owner
			__X__ Officer	___ Other
			(give title below)	(specify below)
			SVP and CFO	
MOON				6. Individual or Joint/Group Filing(Check Applicable Line)
TOWNSHIP,Â PAÂ 15108				__X__ Form filed by One Reporting Person
(City)	(State)	(Zip)		___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	4,486	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	03/02/2019	Common Stock	1,478	\$ 14.935	D	Â
Employee Stock Option (right to buy)	Â (2)	02/27/2020	Common Stock	4,213	\$ 17.17	D	Â
Employee Stock Option (right to buy)	Â (3)	05/14/2021	Common Stock	5,692	\$ 21.31	D	Â
Employee Stock Option (right to buy)	Â (4)	02/25/2022	Common Stock	8,358	\$ 20.86	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Fortwangler Robert 3000 GSK DRIVE MOON TOWNSHIP, PA 15108	Â	Â	Â SVP and CFO	Â

Signatures

/s/ Chad Whalen,
Attorney-in-Fact
Date: 01/07/2016

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) The option became exercisable on March 2, 2014.
- (2) The option is exercisable in two annual installments. The first installment (2,106) became exercisable on February 27, 2014, and the next installment (2,107) became exercisable on February 27, 2015.
- (3) The option is exercisable in two equal annual installments. The first installment became exercisable on May 14, 2015, and the next installment becomes exercisable on May 14, 2016.
- (4) The option is exercisable in two equal annual installments. The first installment becomes exercisable on February 25, 2016, and the next installment becomes exercisable on February 25, 2017.

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Remarks:

Exhibit List Exhibit 24 - Power of Attorney

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.