PARRS MARIANNE M

Form 4

January 10, 2006

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

obligations may continue. See Instruction

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 *

PARRS MARIANNE M

/NEW/[IP]

(Last) (First) (Middle)

C/O INTERNATIONAL PAPER, 400 ATLANTIC STREET

(Street)

2. Issuer Name and Ticker or Trading

Symbol

INTERNATIONAL PAPER CO

3. Date of Earliest Transaction (Month/Day/Year)

01/09/2006

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

3. 4. Securities TransactionAcquired (A) or Code

(Month/Day/Year) (Instr. 8)

(A) Transaction(s) or Code V Amount (D) Price

(Instr. 3 and 4)

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)

3. Transaction Date 3A. Deemed 1. Title of Derivative (Month/Day/Year) Execution Date, if TransactionNumber Conversion

5.

6. Date Exercisable and **Expiration Date**

7. Title and Amount of 8. Price o Underlying Securities Derivativ

1

Check this box

Form 4 or

Form 5

1(b).

response...

Estimated average

burden hours per

OMB

Number:

Expires:

OMB APPROVAL

3235-0287

January 31,

2005

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner Other (specify X_ Officer (give title

below) Executive V.P. and CFO

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

(I)

6. Ownership

5. Amount of

(State) (Zip) (City) 1. Title of

STAMFORD, CT 06921

Security

(Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

Disposed of (D) (Instr. 3, 4 and 5)

Securities Beneficially Owned Following Reported

Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

7. Nature of

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	ive es ed ed			4)	Security (Instr. 5)
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock Units	<u>(3)</u>	01/09/2006		A	17 (1)	(2)	(2)	Common Stock	17 (1)	\$ 34.18

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

PARRS MARIANNE M C/O INTERNATIONAL PAPER 400 ATLANTIC STREET STAMFORD, CT 06921

Executive V.P. and CFO

Signatures

Beth Murphree, Attorney-in-Fact for Marianne M. 01/10/2006 **Parrs**

> **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).
- (1) Share numbers are rounded.
- (2) Amounts deferred pursuant to the IP Deferred Compensation Savings Plan.

Investments in the SSP (International Paper Salaried Savings Plan) and DCSP (International Paper Deferred Compensation Savings Plan)

(3) are in a unitized fund of shares and cash. The investment in the DCSP operates similar to the SSP company stock fund, and the number of units will vary as the price of the Issuer's common stock varies.

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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