Edgar Filing: SMUCKER J M CO - Form 4

| SMUCKER . Form 4 | | | | | | | | | | | |
|---|------------------|--|---|------------------------------|------------------------|------------------------|--|---|------------------|--------------------------|--|
| June 11, 200 [°] | 1 / | | | | | | | | | PPROVAL | |
| Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check thi if no long | Ter | | | Expires: | January 31, 2005 | | | | | | |
| subject to Section 1 Form 4 o Form 5 | 6. r | STATEMENT OF CHANGES IN BENEFICIAL OWNERSI SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act o | | | | | | | | average rs per 0.5 | |
| obligation may cont <i>See</i> Instru 1(b). | ns Section 17(a) |) of the P | Public Ut | | ing Com | ipany | Act of | f 1935 or Sectio | n | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> HURRLE DONALD D SR | | | 2. Issuer Name and Ticker or Trading Symbol SMUCKER J M CO [SJM] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) (M | iddle) | 3. Date of Earliest Transaction | | | (Check all applicable) | | | | | |
| (Mon | | | | Month/Day/Year) 6/08/2007 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Vice President | | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | | |
| ORRVILLE | с, ОН 44667-0280 | | | | | | | Form filed by M Person | Iore than One Re | eporting | |
| (City) | (State) (Z | Zip) | Table | e I - Non-D | erivative S | Securi | ities Acc | quired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deen Execution any (Month/E | | | | (A) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Shares | 06/08/2007 | | | Code V F | Amount 1,857 (1) | or (D) D | Price \$ 57.2 | (Instr. 3 and 4) 14,609 | D | | |
| Common Shares | | | | | | | | 4,064.836 | I | by 401(k) | |
| Common Shares | | | | | | | | 5,459.1616 | Ι | by ESOP | |

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

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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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | ate | 7. Title Amoun Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|---|--|---|---|
| Demo | | | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addres | s | Relationships | | | | | | |
|--|------------|---------------|----------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| HURRLE DONALD D SR ONE STRAWBERRY LANE ORRVILLE, OH 44667-0280 | _ | | Vice President | | | | | |
| Signatures | | | | | | | | |
| M. Ann Harlan, POA | 06/11/2007 | | | | | | | |
| <u>**</u> Signature of | Date | | | | | | | |

**Signature of Reporting Person

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) Smucker common shares withheld by the Company to satisfy tax liability upon the vesting of restricted common shares, pursuant to The J. M. Smucker Company 1998 Equity and Performance Incentive Plan.

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.