Edgar Filing: AVX Corp - Form 4

| AVX Corp Form 4 June 10, 20 | 15 | | | | | | | | | | | |
|--|--|--|---|---------------------------------------|---|-------------|--|--|---|--|--|--|
| FORM | ЛΔ | | | | | | | | OMB APPROVAL | | | |
| | UNITED | STATES SE | SECURITIES AND EXCHANGE (Washington, D.C. 20549 | | | | COMMISSION | OMB Number: | 3235-0287 | | | |
| Check t if no lor subject Section Form 4 Form 5 obligation | nger to 16. or Filed put | | | | | | | Estimated avera burden hours por response Act of 1934, | | | | |
| may cor <i>See</i> Inst 1(b). | ntinue. Section 170 | | le Investmer | • | - | • | | on | | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| 1. Name and THOMAS | ssuer Name and Ticker or Trading ool X Corp [AVX] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| (Last) | (First) (| Middle) 3. D | ate of Earliest ' | Transactio | 1 | | (Che | ck all applica | ble) | | | |
| (| | | (Month/Day/Year) 06/08/2015 | | | | Director 10% Owner X Officer (give title Other (specify below) below) VP,President-Kyocera Elect Dev | | | | | |
| | | | Amendment, Date Original (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | | |
| FOUNTAIN INN, SC 29644 | | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Table I - Non- | Derivativ | e Secu | rities Aco | quired, Disposed o | of, or Benefic | ially Owned | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Ye | Code ear) (Instr. 8) | 4. Secur ior(A) or D (Instr. 3, | (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock | 06/08/2015 | 06/09/2015 | А | 21 | A | \$ 13.89 | 18,738 | I | By Retirement Plan Trustees | | | |

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.

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 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) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|------------|--------------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| THOMAS KEITH 1 AVX BOULEVARD FOUNTAIN INN, SC 29644 | | | VP,President-Kyocera Elect Dev | | | |
| Signatures | | | | | | |
| Kurt P. Cummings, attorney-in-fact | (| 06/10/2015 | | | | |

**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.