## Edgar Filing: AVX Corp - Form 4

| AVX Corp<br>Form 4<br>July 20, 201                                                                                                                                                                                                                                         | 5                                       |                                                               |                                                                         |                    |                    |            |                                                                                                                    |                                                                         |                                                                  |                |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|--------------------|------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------|----------------|--|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION                                                                                                                                                                                                                    |                                         |                                                               |                                                                         |                    |                    |            |                                                                                                                    | -                                                                       | OMB APPROVAL                                                     |                |  |  |
| -                                                                                                                                                                                                                                                                          | UNITED                                  | STATES SE                                                     | CURITIES A<br>Washington                                                |                    |                    | NGE        | COMMISSIO                                                                                                          | N OMB<br>Number:                                                        | 3235-                                                            | 0287           |  |  |
| Check th<br>if no lon                                                                                                                                                                                                                                                      | Ger                                     |                                                               |                                                                         |                    |                    |            |                                                                                                                    | Expires:                                                                | Januar                                                           | ′y 31,<br>2005 |  |  |
| subject t<br>Section<br>Form 4 c                                                                                                                                                                                                                                           | o <b>SIAIEN</b><br>16.                  | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |                                                                         |                    |                    |            |                                                                                                                    |                                                                         | Estimated average<br>burden hours per<br>response 0.             |                |  |  |
| Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |                                         |                                                               |                                                                         |                    |                    |            |                                                                                                                    |                                                                         | 0.0                                                              |                |  |  |
| (Print or Type                                                                                                                                                                                                                                                             | Responses)                              |                                                               |                                                                         |                    |                    |            |                                                                                                                    |                                                                         |                                                                  |                |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>VENUTO PETER                                                                                                                                                                                                           |                                         |                                                               | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>AVX Corp [AVX] |                    |                    |            | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)                                      |                                                                         |                                                                  |                |  |  |
| (Last)                                                                                                                                                                                                                                                                     | (First) (l                              | Middle) 3. D                                                  | 3. Date of Earliest Transaction                                         |                    |                    |            | (Che                                                                                                               | eck all applicat                                                        | ble)                                                             |                |  |  |
| 1 AVX BOULEVARD                                                                                                                                                                                                                                                            |                                         |                                                               | (Month/Day/Year)<br>07/17/2015                                          |                    |                    |            | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>Vice President of Sales             |                                                                         |                                                                  |                |  |  |
|                                                                                                                                                                                                                                                                            |                                         |                                                               | . If Amendment, Date Original<br>iled(Month/Day/Year)                   |                    |                    |            | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)                                                      |                                                                         |                                                                  |                |  |  |
| FOUNTAIN INN, SC 29644 Form filed by Mon<br>Person                                                                                                                                                                                                                         |                                         |                                                               |                                                                         |                    |                    |            |                                                                                                                    |                                                                         |                                                                  |                |  |  |
| (City)                                                                                                                                                                                                                                                                     | (State)                                 | (Zip)                                                         | Table I - Non-                                                          | Derivative         | Secu               | rities Ac  | equired, Disposed                                                                                                  | of, or Benefici                                                         | ally Owned                                                       | i              |  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                                                                                                                                                                       | 2. Transaction Date<br>(Month/Day/Year) | Execution Dat<br>any                                          | Code<br>Year) (Instr. 8)                                                | ion(A) or D<br>(D) | 4 and<br>(A)<br>or | d of       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature o<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                |  |  |
| Common<br>Stock                                                                                                                                                                                                                                                            | 07/17/2015                              | 07/20/2015                                                    | А                                                                       | 1                  | A                  | \$<br>13.2 | 1,267                                                                                                              | I                                                                       | By<br>Retiremo<br>Plan<br>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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------------------------------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         | Code V                                | (A) (D)                                                                                                                 | Date<br>Exercisable | Expiration<br>Date | Title                                        | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                            |

## **Reporting Owners**

| Reporting Owner Name / Address                            | Relationships |            |                         |       |  |  |  |
|-----------------------------------------------------------|---------------|------------|-------------------------|-------|--|--|--|
|                                                           | Director      | 10% Owner  | Officer                 | Other |  |  |  |
| VENUTO PETER<br>1 AVX BOULEVARD<br>FOUNTAIN INN, SC 29644 |               |            | Vice President of Sales |       |  |  |  |
| Signatures                                                |               |            |                         |       |  |  |  |
| Kurt P. Cummings, attorney-in-fact                        | (             | )7/20/2015 |                         |       |  |  |  |
| <u>**</u> 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.