### WEST M RUDOLPH

Form 5

February 17, 2009

#### **OMB APPROVAL** FORM 5 **OMB**

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if

no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

Reported Form 4

1(b).

Common

Stock

Transactions Reported

1. Name and Address of Reporting Person ** WEST M RUDOLPH			ol	icker or Trading  CORP [NEU]	5. Relationship of Reporting Person(s) to Issuer			
(Last) 330 SOUT	(First)	(Mont	ement for Issue h/Day/Year) /2008	r's Fiscal Year Ended	(Check all applicable)  Director 10% OwnerX_ Officer (give title Other (specify below) Secretary			
	(Street)		mendment, Dat Month/Day/Year)	Č	6. Individual or Jo	int/Group Rep		
RICHMOND, VA 23219  _X_ Form Filed by One Repo Form Filed by More than Person								
(City)	(State)	(Zip) T	able I - Non-Do	erivative Securities Acq	uired, Disposed of	, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

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

12/31/2008(1)

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Persons who respond to the collection of information **SEC 2270** contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and

\$ (3) 7,583.0686 I

4)

(A)

or

(D)

A

Price

Amount

269.5424

(2)

J

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(9-02)

NewMarket

Savings

Plan

3235-0362

January 31,

2005

1.0

Number:

Expires:

response...

(Instr. 4)

Estimated average

burden hours per

### Edgar Filing: WEST M RUDOLPH - Form 5

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		
					(A) (D)				Shares		
					(4) (1)				SHales		

of D

Is Fi

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
· · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other		
WEST M RUDOLPH 330 SOUTH FOURTH STREET RICHMOND, VA 23219	Â	Â	Secretary	Â		

## **Signatures**

Reporting Person

M. Rudolph
West

\*\*Signature of 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) Various dates Contributions to the Savings Plan for the Employees of NewMarket Corporation and Affiliates (the "Plan") throughout the year
- (2) The increase in shares is due to periodic purchase by the Plan Trustee pursuant to the Plan
- (3) Price varies since contributions are made throughout the year

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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