**VALSPAR CORP** 

Form 5 December 11, 2006

**OMB APPROVAL** FORM 5

### 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.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: 2005 Estimated average burden hours per response... 1.0

3235-0362

January 31,

**OMB** 

Number:

See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Form 4 Transactions Reported

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer WALKER LORI A Symbol VALSPAR CORP [VAL] (Check all applicable) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) (Month/Day/Year) Director 10% Owner \_X\_\_ Officer (give title Other (specify 10/27/2006 below) below) 1101 THIRD STREET SOUTH VP, Treasurer, Controller (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line)

### MINNEAPOLIS, MNÂ 55415

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person

(City)	(State)	(Zip) Tabl	e I - Non-Deri	ivative Sec	curitie	s Acqu	ired, Disposed o	of, or Beneficial	lly 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. Securi Acquired Disposed (Instr. 3,	l (A) of (D) 4 and (A) or	)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
common stock	10/27/2006(1)	Â	J	309	A	\$ (1)	5,013	I	401(k)
common stock	10/27/2006(2)	Â	J	5	A	\$ (2)	448	I	Profit Sharing Plan
common stock	Â	Â	Â	Â	Â	Â	34,534	D	Â

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 **SEC 2270** (9-02)

### Edgar Filing: VALSPAR CORP - Form 5

#### the form displays a currently valid OMB control number.

of

0

Is

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amoun	nt of	Derivative	
Security	or Exercise	•	any	Code	of	(Month/Day/	Year)	Underly	ying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	
	Derivative				Securities			(Instr. 3	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		
					(II)				Jimes		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
<b>-</b>	Director	10% Owner	Officer	Other			
WALKER LORI A 1101 THIRD STREET SOUTH MINNEAPOLIS, MN 55415	Â	Â	VP, Treasurer, Controller	Â			

## **Signatures**

/s/ Linda Colman, by Power of Attorney 12/11/2006

\*\*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) vested shares held in Valspar ESOP 401(k) plan as of allocation date 10/27/06
- (2) vested shares in Valspar Profit Sharing Plan as of allocation date 10/27/06

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.

Reporting Owners 2