FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					1						mpany Act			1					
1. Name and Address of Reporting Person*  Haudrich John					2. Issuer Name and Ticker or Trading Symbol  OWENS ILLINOIS INC /DE/ [ OI ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner				
(Last)	(Fir	,	Middle	)	3. Date of Earliest Transaction (Month/Day/Year) 03/07/2018										Offic belo	er (give title w)	Other below	(specify	
ONE MIC	CHAEL OW											Chief Strat. & Integ. Officer							
(Street)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
PERRYSBURG OH 43551															X Form filed by One Reporting Person				
(City) (State) (Zip)															Form filed by More than One Reporting Person				
		Tabl	el-	Non-Deriv	ative	Secu	ırities	Ac	quired,	Dis	sposed of	f, or l	Bene	ficiall	y Own	ed			
in the or cooking kinds of				2. Transaction Date (Month/Day/	Execut Year) if any		ıtion Date,		3. Transact Code (In 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Secu Bene Owne	ficially ed	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)		Price	Repo	wing orted saction(s) c. 3 and 4)	(Instr. 4)	(Instr. 4)	
Common Stock (Direct) 03/					)18				A		11,338(1	) /	1 5	60.000	0 4	48,016	D		
Common Stock (Direct) 03/0				03/07/20	18			A		3,889(2)	1	1 5	0.000	0 :	51,905	D			
Common Stock (Direct) 03/07/20					18			F		2,680	1	)	\$21.97	7 4	49,225	D			
Common Stock (Indirect)															4,1	79.2584	I	By 401k	
		Та	ble I	I - Derivat (e.g., pı							osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed ution Date, y th/Day/Year)	4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month)	ion D		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		o D S (I	Price f erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Amou or Numb of Title Share		nber					

## Explanation of Responses:

- 1. The restricted stock units vest in four equal annual installments beginning on the first anniversary of the grant date.
- 2. Certain restricted stock units granted for the 2015-2017 grant period vest in the form of common stock based upon the Issuer's performance against certain strategic objective goals. On March 7, 2018, the Compensation Committee of the Issuer's Board of Directors determined that the strategic objective goals had been partially met, resulting in the vesting of these shares.

/s/Mary Beth Wilkinson, attorney-in-fact 03/09/2018

\*\* Signature of Reporting Person Date

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

- \* 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.

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 Number.