

GLATFELTER P H CO  
Form 3  
October 15, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Matsumoto Kent K.		(Month/Day/Year)	GLATFELTER P H CO [GLT]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		10/08/2013		
96 S. GEORGE STREET,Â SUITE 520			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
YORK,Â PAÂ 17401			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			VP, Gnl. Counsel & Secretary	
				6. Individual or Joint/Group Filing(Check Applicable Line)
				<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, Par Value \$.01	222	I	401(k) Plan

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

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

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	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)		
Stock Only Stock Appreciation Rights	03/05/2016 <sup>(1)</sup>	03/05/2023	Common Stock, Par Value \$.01	3,987	\$ 18.36	D	Â
Stock Only Stock Appreciation Rights	10/04/2016 <sup>(1)</sup>	10/04/2023	Common Stock, Par Value \$.01	6,764	\$ 26.79	D	Â
Performance Stock Award <sup>(2)</sup>	01/01/2016	03/15/2016	Common Stock, Par Value \$.01	1,225	\$ <sup>(3)</sup>	D	Â
Performance Stock Award <sup>(2)</sup>	01/01/2016	03/15/2016	Common Stock, Par Value \$.01	2,240	\$ <sup>(3)</sup>	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Matsumoto Kent K. 96 S. GEORGE STREET SUITE 520 YORK, PA 17401	Â	Â	Â VP, Gnl. Counsel & Secretary	Â

## Signatures

Linda M. Levans  
by POA 10/15/2013

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) These SOSARs vest in thirds on the anniversary dates of the grant in 2014, 2015 and 2016, respectively.
- (2) PSA Award amount reflects a target number. Actual payout will range from 0% to 150% of target subject to attainment of performance goals.
- (3) Not applicable to this transaction

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.