FORM 4

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

Washington, D.C. 20549

OMB APPRO
-----------

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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. Name and Address of MORRISON So			2. Issuer Name and Ticker or Trading Symbol BALL CORP [ BLL ]		ionship of Reporting Per all applicable) Director Officer (give title below)	rson(s) to Issuer  10% Owner Other (specify below)
(Last) (First) (Middle) BALL CORPORATION 10 LONGS PEAK DR.		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/17/2013		SR. V.P. ar	nd C.F.O.
(Street) BROOMFIELD (City)	CO (State)	80021-2510 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individ	Form filed by One Re	g (Check Applicable Line) porting Person an One Reporting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr.	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	3 and 4)		(Instr. 4)
Common Stock	09/17/2013		<b>J</b> <sup>(1)</sup>		90.683	A	\$45.78	142,991.8608	D	
Common Stock								3,848.239	I	401(k) Plan <sup>(2)</sup>
Common Stock								50	I	By Son

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. 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	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Deferred Compensation Company Stock Plan	(3)	09/17/2013		J <sup>(4)</sup>		221.0996		(5)	(5)	Common Stock	221.0996	\$45.78	78,082.2419	D	

#### Explanation of Responses:

- 1. Dividend reinvestment in Ball Corporation 2000 Deferred Compensation Company Stock Plan.
- 2. Total number of 401(k) Plan shares acquired through periodic dividend reinvestment, participant's contributions and employer matching contributions
- 3. Each unit may be settled for a single share of stock or the equivalent amount of cash pursuant to the Ball Corporation Deferred Compensation Company Stock Plan.
- 4. Dividend reinvestment in Ball Corporation Deferred Compensation Company Stock Plan.
- 5. Stock units in Ball Corporation's Deferred Compensation Company Stock Plan are distributed upon the separation of service in accordance with the Plan.

/s/ Robert W. McClelland, attorney-in-fact for Mr. Morrison

09/18/2013

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.