FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO |
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| OMB Number: | 3235-0287 |
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| 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

| | | | or Section 30(ii) or the investment Company Act or 1940 | | | | | | |
|--|---------|------------|---|---|--|----------------|--|--|--|
| Name and Address of Reporting Person* NELSON GEORGIA R | | | 2. Issuer Name and Ticker or Trading Symbol BALL CORP BLL | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | X | Director | 10% Owner | | | |
| | | | | | Officer (give title | Other (specify | | | |
| (Last) (First) (Middle) BALL CORPORATION | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2014 | | below) | below) | | | |
| 10 LONGS PEAK | DR. | | | | | | | | |
| (Street) BROOMFIELD CO 80021-2510 | | 80021-2510 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | ridual or Joint/Group Filing Form filed by One Rep Form filed by More that | , , , | | | |
| (City) | (State) | (Zip) | | | | | | | |

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

| 1. Title of Security (Instr. 3) | Date (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. | (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------|--------------------------|---|--|---------------|-------|--|------------|---|
| | | Code | v | Amount | (A) or (D) | Price | 3 and 4) | | (mau. 4) |

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 I | | Expiration Date (Month/Day/Year) | | 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 | (1) | 09/16/2014 | | J ⁽²⁾ | | 58.9075 | | (3) | (3) | Common Stock | 0 | \$65.64 | 29,802.7052 | D | |

Explanation of Responses:

- 1. 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.
- 2. Dividend reinvestment in Ball Corporation Deferred Compensation Company Stock Plan.
- 3. Stock units in Ball Corporation's Deferred Compensation Company Stock Plan are distributed upon the separation of service in accordance with the Plan.

/s/ Janice L. Rodriguez, attorneyin-fact for Ms. Nelson 09/18/2014

** 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.