FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	4 DD	$D \cap M$
CHAIN	APP	ROVA

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

			of dediction of the investment demparty her or 1040	
1. Name and Address Pauley Lisa At	inc and Address of Reporting Ferson		2. Issuer Name and Ticker or Trading Symbol BALL CORP [BLL]	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director
(Last) 10 LONGS PEAK	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/15/2015	X Officer (give title Other (specify below) SR VP, HR & Administration
(Street) BROOMFIELD	СО	80021-2510	If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

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)		Transaction Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	09/15/2015		J ⁽¹⁾		6.9661	A	\$67.31	39,578.8301	D	
Common Stock	09/15/2015		J ⁽¹⁾		34.1383	A	\$67.31	147,520.9424	I	By Spouse ⁽²⁾
Common Stock								2,793.399	I	401(k) Plan ⁽³⁾

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 (li 8)		Derivative 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)	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	(4)	09/15/2015		J ⁽⁵⁾		114.6443		(6)	(6)	Common Stock	114.6443	\$67.31	59,473.9611	D	
Deferred Compensation Company Stock Plan	(4)	09/15/2015		J ⁽⁵⁾		87.5883		(6)	(6)	Common Stock	87.5883	\$67.31	45,437.8597	I	By Spouse ⁽²⁾

Explanation of Responses:

- 1. Dividend reinvestment in Ball Corporation's 2000 Deferred Compensation Company Stock Plan.
- 2. The reporting person expressly disclaims beneficial ownership of the securities owned by Spouse.
- 3. Total number of 401(k) Plan shares acquired through periodic dividend reinvestment, participant's contributions and employer matching contributions
- 4. 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.
- $5.\ Dividend\ reinvestment\ in\ Ball\ Corporation's\ Deferred\ Compensation\ Company\ Stock\ Plan.$
- 6. 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 Ms. Pauley

09/16/2015

** 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.