RAY GILBERT T Form 4

Form 4 January 04, 2010

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to

subject to Section 16. Form 4 or Form 5

Form 4 or Form 5 obligations may continue. See Instruction STATEMENT OF CHANGES IN 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)

ARLINGTON, VA 22203

Stock

1. Name and Address of Reporting Person \*

1(b).

RAY GILBERT T Issuer Symbol Towers Watson Delaware Inc. [WW] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) \_ Director 10% Owner Officer (give title Other (specify 901 NORTH GLEBE ROAD 01/01/2010 below)

2. Issuer Name and Ticker or Trading

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line)

\_X\_ Form filed by One Reporting Person

Person

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired (A) 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transactionr Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial any (Month/Day/Year) (Instr. 8) Owned Direct (D) Ownership Following or Indirect (Instr. 4) Reported (A) Transaction(s) (Instr. 4) or (Instr. 3 and 4) Code V Amount (D) Price Class A Common D 0 D 01/01/2010 13,260.91 D (1)

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

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.

SEC 1474

(9-02)

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

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

Form filed by More than One Reporting

Estimated average

burden hours per

#### Edgar Filing: RAY GILBERT T - Form 4

|                                      | 2.                                                              | 3. Transaction Date |                                         | 4.                             | 5.                                                                                                               | 6. Date Exerc       |                    | 7. Titl                            |                                        | 8. Price of                          | 9. Nu                                                             |
|--------------------------------------|-----------------------------------------------------------------|---------------------|-----------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|------------------------------------|----------------------------------------|--------------------------------------|-------------------------------------------------------------------|
| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year)    | Execution Date, if any (Month/Day/Year) | Transact<br>Code<br>(Instr. 8) | orNumber<br>of<br>Derivativ<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | <b>:</b>            |                    | Amou<br>Under<br>Securi<br>(Instr. | lying                                  | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|                                      |                                                                 |                     |                                         | Code V                         | (A) (D)                                                                                                          | Date<br>Exercisable | Expiration<br>Date | Title                              | Amount<br>or<br>Number<br>of<br>Shares |                                      |                                                                   |

### **Reporting Owners**

| Reporting Owner Name / Address        | Relationships |           |         |       |  |  |  |
|---------------------------------------|---------------|-----------|---------|-------|--|--|--|
| · · · · · · · · · · · · · · · · · · · | Director      | 10% Owner | Officer | Other |  |  |  |
| RAY GILBERT T                         |               |           |         |       |  |  |  |
| 901 NORTH GLEBE ROAD                  | X             |           |         |       |  |  |  |
| ARLINGTON, VA 22203                   |               |           |         |       |  |  |  |

# **Signatures**

Cynthia Boyle, Attorney-in-Fact for
Mr. Ray

\*\*Signature of Reporting Person

Date

#### **Explanation of Responses:**

- \* 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).

Represents shares of Class A common stock and/or deferred stock units that, as a result of the closing under the Agreement and Plan of

Merger entered into between (among others) the Issuer and Towers, Perrin, Forster & Crosby, Inc., were exchanged on the effective date
(1) of the merger for an equivalent number of shares of Class A common stock and/or deferred stock units in Towers Watson & Co. (Towers Watson), a newly formed Delaware corporation. Any deferred stock units in Towers Watson will be settled in shares of Class A common stock of Towers Watson on a one-to-one basis.

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.

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