FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.O.	200-0

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average burde	n
hours per response:	0.5

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

Name and Address of Reporting Person*     SCARBOROUGH DEAN A					2. Issuer Name and Ticker or Trading Symbol Avery Dennison Corp [ AVY ]											tionship of F all applicat Director	Reporting Person(s) to Issuer lle) 10% Owner				
(Last) (First) (Middle) 207 GOODE AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 02/09/2017											X Officer (give title Other (specify below)  Executive Chairman						
(Street)	ALE C	A	91203		4. 1	4. 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					
(City)	(S	State)	(Zip)													Form filed by More than One Reporting Pers					
	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. Transaction Code (Instr. ) 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				and 5) Securities Beneficial Owned Fo		i ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount		(A) or (D)	Pric	e	Reported Transactio (Instr. 3 an				(Instr. 4)		
Common Stock			02/09/	09/2017(1)					М		25,0	00	A	\$3	39.32 156,		,066		D		
Common Stock			02/09/	02/09/2017(1)					S		25,0	00	D	\$79	\$79.26 <sup>(2)</sup> 131,0		066		D		
Common Stock															2		)		I	By Son	
Common Stock															148			I	Owned By Spouse		
Common Stock (Savings Plan)														42,317.6953				Savings Plan			
			Table II -									osed o					vned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4. Transaction curity or Exercise (Month/Day/Year) if any Code (Instr.			tion	5. Number of		6. D Exp	ate Exer iration D nth/Day/	cisabl ate	1			mount nderlyi	t of 8. Price of Derivative		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Cod	ie V	V (A		(D)	Date Exe	Ex cisable Da		piration ite	Title	N N	mount umber hares								
2011 Employee Stock Option	\$39.32	02/09/2017 <sup>(1)</sup>		M	vI			25,000	02/2	.4/2012 <sup>(3</sup>	2 <sup>(3)</sup> 02/24/202		Common Stock 25		25,0	00	\$0 125,0		000 D		
Common Stock Units	\$0								08/	/08/1988	08	/08/1988	Comm		,254.	5915		3,254.5	915	I	Cap Trust

## **Explanation of Responses:**

- $1.\ Transaction\ occurred\ pursuant\ to\ a\ Rule\ 10b5-1\ Trading\ Plan\ established\ prior\ to\ trade\ date.$
- 2. This transaction was executed in multiple trades at prices ranging from \$78.88 to \$79.69. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. Options are exercisable in cumulative installments of 25% on the first, second, third and fourth anniversary of the date of the grant.

/s/ Erica Perry POA for Dean A 02/13/2017 Scarborough

\*\* 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.