FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

or Section 30(h) of the Investment Company Act of 1940

OMB APPRO	OVAL

OMB Number: 3235-0287 Estimated average burden

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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

1. Name and Address of Reporting Person* BARKER PETER K				2. Issuer Name and Ticker or Trading Symbol Avery Dennison Corp [AVY]							5. Relationship of Reporting Person(s) to Iss (Check all applicable) X Director 10% 0			
(Last) 207 GOODE AV	(First) VENUE	(Middle)		3. Date o	of Earliest Transact 014	ion (Mo	nth/Da	ıy/Year)			Officer (give title below)	Other below)	(specify	
(Street) GLENDALE (City)	CA (State)	91203 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Table I - No	n-Derivati	tive Se	ecurities Acqu	uired,	Disp	osed of, c	r Bene	ficially C	Owned			
Dat		2. Transacti Date (Month/Day	Execution		tion Date, Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock			05/01/20	014		M		1,015	A	\$48.5	15,440	D		
		Table II -	Derivativ	/e Sec	curities Acqui	red, D	ispo	sed of, or	Benefi	cially Ov	vned	,		

(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. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and 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)		
2014 Director RSU Award	\$0 ⁽¹⁾	05/01/2014		A		2,577		05/01/2014	05/01/2017	Common Stock	2,577	\$0	2,577	D	
Common Stock Units - DDECP	\$0	05/01/2014		A		1,082.92 ⁽²⁾		08/08/1988	08/08/1988	Common Stock	1,082.92	\$0	19,582.725	I	DDECP
2013 Director RSU Award	\$48.5 ⁽³⁾	05/01/2014		M			1,015	05/01/2014	05/01/2016	Common Stock	1,015	\$0	2,030	D	

Explanation of Responses:

- 1. The restricted stock units vest in three cumulative installments of one-third on the first, second and third anniversaries of the date of the grant.
- 2. Stock units were acquired by the reporting person pursuant to the Avery Dennison Corporation Non-Employee Director Deferred Equity Compensation Program (DDECP) in a transaction exempt under Rules 16a-11 and 16b-3(d).
- 3. Each restricted stock unit represents a contingent right to receive one share of Avery Dennison Corporation common stock.

/s/ Barbara Bartoletti POA for Peter K. Barker

05/02/2014

** 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.