FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Miller Susan C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Avery Dennison Corp [AVY] | | | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title | | 10% Ow | | ner | |
|--|---|--|---|-------|------------------------------|--|----------------------------|-----------------------------|----------|----------------------------------|-------|--|---|---------------|----------|--------------------------------------|---|---|---------------|--|--|--|
| (Last) (First) (Middle) 150 NORTH ORANGE GROVE BLVD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2013 | | | | | | | | | | X | below) | | Cour | Other (s below) asel & Sec | | |
| (Street) PASADENA CA 91103 (City) (State) (Zip) | | | | | - 4. l | | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transic Date (Month/L | | | | | action | ar) i | 2A. Dec Execut f any | A. Deemed kecution Date, | | 3. Transac Code (I 8) | ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | d (A) or | or 5. Ai sand Secu Bend Own | | nt of es ally following | Form (D) o | n: Direct r Indirect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | - 11 | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| Common Stock (Savings Plan) | | | | | | | | | | | | | | | | | 5,0 | 062 | | | Savings Plan | |
| Common Stock (SHARE Plan) | | | | | | | | | | | | | | | | | 1,2 | 284 | | | SHARE Plan | |
| Common Stock | | | | | | | | | | | | | | | | 2, | | ,083 | | I | Trust | |
| Common Stock 01/15/ | | | | | | 3 | | | | M | | 2,366 | 6 | A | \$35. | 75 | 2,366 | | | D | | |
| Common Stock 01/15/ | | | | | | 2013 | | | | F | | 1,037 | | D | \$35.75 | | 1,329 | | D | | | |
| | | 7 | able II - | | | | | | | | | osed of onverti | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemd Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of | | Ex | Date Exe piration lonth/Da | Date | | 7. Title and Amount of Securities Underlying Derivative So (Instr. 3 and | | Security | Deri | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | (A) | (D) | Da Ex | ate xercisabl | | xpiration ate | or Nun of | | Number | | | | | | | |
| 2012 RSU Award | \$35.75 ⁽¹⁾ | 01/15/2013 | | | M | | | 2,366 | 01 | 1/15/2013 | 3 0 | 1/15/2016 | | mmon tock | 2,366 | | \$0 | 7,099 | | D | | |

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of Avery Dennison Corporation common stock.

/s/ Barbara Bartoletti POA for Susan C. Miller

01/16/2013

** 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.