## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5           |
| obligations may continue. See          |
| Instruction 1(h)                       |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO               | VAL       |
|---|-------------------------|-----------|
| l | OMB Number:             | 3235-0287 |
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|   | 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* FERRY RICHARD M                          |   |  |  |         | <u>A</u> V                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol AVERY DENNISON CORPORATION [ AVY ] |          |                              |   |                  |     |  |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     Officer (give title Other (specify)            |   |                                   |  |  |
|---|---|--|--|---------|---|---|----------|------------------------------|---|------------------|-----|--|--|--|---|-----------------------------------|--|--|
| (Last) (First) (Middle) KORN/FERRY INTERNATIONAL 16000 CHRISTENSEN ROAD, STE. 101 |   |  |  |         |   | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2009                           |          |                              |   |                  |     |  |  | below)   |   |                                   | below)`  |  |
| (Street) SEATTLE WA 98188   |   |  |  |         | 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 Form filed by More than One Reporting Person |   |                                   |  |  |
| (City)  | (S  |  | (Zip)  | Doris   | ,ativ                                   | 0.50  | ouritios | . ^ ^                        | guirod D                                    | cnoco            | 4 0 | f or Poi   | noficial                                     | ly Owned   |   |                                   |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D                          |   |  |  | saction | ction 2A. Deeme                         |   |          | 3.<br>Transacti<br>Code (Ins |   |                  |     | ed (A) or  | 5. Amou<br>Securitie<br>Beneficie<br>Owned F | nt of<br>es<br>ally<br>Following   | Form  | : Direct<br>r Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |
|   |   |  |  |         |   |   |          |                              | Code V                                      | Amo              | ınt | (A) or (D) Price   |  | Reported<br>Transact<br>(Instr. 3  | ction(s)  |                                   |  |  |
|   |   | ٦  |  |         |   |   |          |                              | uired, Dis<br>, options,                    |                  |     |  |  | Owned  |   |                                   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                               | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution D<br>if any<br>(Month/Day) | Date, T | 4.<br>Transaction<br>Code (Instr.<br>8) |   |          |                              | 6. Date Exer<br>Expiration D<br>(Month/Day/ | ate              | d   | 7. Title and Amo<br>of Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transactie<br>(Instr. 4) | e<br>s<br>Illy                    | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |  |         | Code                                    | v   | (A)      | (D)                          | Date<br>Exercisable                         | Expirati<br>Date | on  | Title  | Amount<br>or<br>Number<br>of<br>Shares       |  |   |                                   |  |  |
| Common<br>Stock<br>Units  | \$0   | 12/16/2009                                 |  |         | A <sup>(1)</sup>                        |   | 8.379    |                              | 08/08/1988                                  | 08/08/19         | 88  | Common<br>Stock  | 8.379  | \$0  | 1,569.3   | 73                                | I  | CAP Trust  |
| Common<br>Stock<br>Units  | \$0   | 12/16/2009                                 |  |         | A <sup>(2)</sup>                        |   | 833.22   |                              | 08/08/1988                                  | 08/08/19         | 88  | Common<br>Stock  | 833.22                                       | \$0  | 6,062.2   | 23                                | I  | DDECP  |

## **Explanation of Responses:**

- 1. Includes stock units acquired upon the reinvestment of dividend equivalents under the Avery Capital Accumulation Plan ("CAP") in a transaction exempt under Rule 16a-11
- 2. Stock units were acquired by the reporting person pursuant to the Avery Dennison Corporation Non-Employee Director Deferred Equity Compensation Program ("DDECP") in transactions exempt under Rules 16a-11 and 16b-3(d).

By: Irene Marquard For: Richard M. Ferry

12/17/2009

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.