FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

Alford Bradley A			Date of Event equiring Staten Month/Day/Year 4/22/2010	nent	3. Issuer Name and Ticker or Trading Symbol AVERY DENNISON CORPORATION [ AVY ]						
(Last) (First) (Middle)  NESTLE USA				4. Relationship of Reporting Pers (Check all applicable)  X Director  Officer (give title below)		erson(s) to Issuer  10% Owner  Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)			
800 N. BRAND BLVD.									6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) GLENDALE	CA	91203								y One Reporting Person y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) Geneficially Owned (Instr. 4) Geneficially Owned (Instr. 4) Geneficially Owned (Instr. 5)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		cṫ(D) (In	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration			Expiration Da			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	e	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned.

By: Irene Marquard For: Bradley A. Alford

04/26/2010

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).