Edgar Filing: CRAKER SHERRI L - Form 4

| CRAKER S Form 4 | SHERRI L | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|
| April 04, 20 |)11 | | | | | | | | | |
| FORM | Λ4 | | | | | | | PPROVAL | | |
| | •••• UNITED S | | | | | COMMISSION | OMB Number: | 3235-0287 | | |
| Check the if no lon subject the Section Form 4 of | to STATEM 16. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | ons Section 17(a | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | |
| 1. Name and A | Symbol | 2. Issuer Name and Ticker or Trading Symbol WAUSAU PAPER CORP. [WPP] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) | (First) (M | (iddle) 3. Date of | of Earliest Tr | ansaction | | (Che | ck all applicabl | e) | | |
| 800 OAK F | (Month/ 03/31/2 | Day/Year) 2011 | | | Director 10% Owner X Officer (give title Other (specify below) below) VP Corporate Controller | | | | | |
| | | | Amendment, Date Original I(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MOSINEE | , WI 54455 | | | | | | More than One R | | | |
| (City) | (State) | (Zip) Tak | ole I - Non-D | erivative S | ecurities A | cquired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | e 2A. Deemed Execution Date, if any (Month/Day/Year | Code) (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, | (A) or of (D) 4 and 5) (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| No Par Value Common Stock | | | Code V | Amount | (D) Pric | 622 <u>(1)</u> | I | 401(k) Trust | | |

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

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 control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|-------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| CRAKER SHERRI L 800 OAK RIDGE ROAD MOSINEE, WI 54455 | | | VP Corporate Controller | | | | | |
| Signatures | | | | | | | | |
| Sherri L. | 104/2011 | | | | | | | |

Lemmer 04/04/2011

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* 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).

(1) Estimated amount. Represents an unallocated interest in a 401(k) common stock investment fund.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.