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EDISON IN Form 4 March 08, 2	NTERNATIONAL 2013	<u>,</u>									
FORM	ЛЛ								OMB AF	PROVAL	
	UNITED	Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287	
Check t if no loi		sbox							Expires:	January 31, 2005	
subject t Section Form 4	16. SECURITIES or								Estimated a burden hour response	average	
Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
								5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (I			of Earliest 7				(Check	all applicable)	
(N			(Month/Day/Year) 03/07/2013					Director 10% Owner X Officer (give title Other (specify below) below) Exec VP, CFO & Treas.			
(Street) 4. If .			4. If Am	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
ROSEMEA	AD, CA 91770		Filed(Mo	onth/Day/Yea	ar)			Applicable Line) _X_ Form filed by O Form filed by Me Person			
(City)	(State)	(Zip)	Tak	la I Nam	Dentrottor	Gam			an Dan affatall	. Orașe d	
							_	ired, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit nor Dispos (Instr. 3, 4 Amount	ed of (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)	
Common Stock	03/07/2013			S	13,177	D	50.1256 (1)	0	D		
Common Stock								33,705.7526 (2)	I	By Edison 401(k) Savings Plan	
Common Stock								634	I	By Spouse	

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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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
					Exercisable	•		Title Number			
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Add	ress	Relationships						
	Director	10% Owner	Officer	Other				
SCILACCI W JAMES 2244 WALNUT GROVE AV ROSEMEAD, CA 91770	ENUE		Exec VP, CFO & Treas.					
Signatures								
/s/ W. James Scilacci 0	3/08/2013							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

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

This transaction was executed in multiple trades at prices ranging from \$50.07 to \$50.24. The price reported above reflects the weighted
 (1) average sale price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the issuer, or a security holder of the issuer, full information regarding the number of shares and the separate prices at which the transaction was effected.

(2) The holdings reported herein include transactions pursuant to the Edison 401(k) Savings Plan exempt from reporting under Section 16(a).

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.

**Signature of

Reporting Person