## Edgar Filing: Warlick Anderson Davis - Form 4

	derson Davis											
Form 4												
October 04,	2011											
FORM	GEOUE							PPROVAL				
	UNII	ED STATE		RITIES A shington,			NGE C	COMMISSION	OMB Number:			
Check th									Expires:	January 31,		
if no lon subject to		FEMENT O	F CHAN	GES IN	N BENEFICIAL OWNERSHIP OF				Estimated average burden hours per			
Section 1				SECURITIES								
Form 4 c	or								response	•		
Form 5	Filed	l pursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,				
obligatio may con				•	•	· ·		f 1935 or Section	n			
See Instr		30(h)	) of the In	vestment	Compan	iy Ac	t of 194	10				
1(b).												
(Print or Type ]	Kesponses)											
1. Name and Address of Reporting Person <sup>*</sup> 2. Issu				er Name <b>and</b> Ticker or Trading 5.				5. Relationship of Reporting Person(s) to				
Warlick An	Symbol			maun	ng	Issuer						
	SCHWEITZER MAUDUIT											
				INTERNATIONAL INC [SWM]				(Check all applicable)				
(Last)	(First)	(Middle)				[0	1	X Director	100	Owner		
				3. Date of Earliest Transaction (Month/Day/Year)				Officer (give titleOther (specify				
C/O SCHW	EITZER-MA	UDUIT	10/03/2	-				below)	below)			
	Г'L, INC., 10		10/05/2	011								
	NTER EAST.											
	(Street)	,	4 If Ama	ndmont Do	to Origina	1		6 Individual or Ia	int/Crown Filir	c (Chaolr		
· · · · · · · · · · · · · · · · · · ·				If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(moi	nii/Day/10ai	)			_X_ Form filed by One Reporting Person				
ALPHARE	TTA, GA 300	022						Form filed by M Person	fore than One Re	eporting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	<b>)</b> erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	curity (Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Form: Direct			
(Instr. 3)		any (Month/Day/Year)			(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial		
		(Wonth/	Day/rear)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(mout t)	(mout i)		
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
SWM							¢					
Common Stock	10/03/2011			А	268	А	\$ 55.87	2,609	D			

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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		
Warlick Anderson Davis C/O SCHWEITZER-MAUDUIT INTERNAT'L, INC. 100 NORTH POINT CENTER EAST, STE 600 ALPHARETTA, GA 30022	Х					
Signatures						
Honor Winks as attorney-in-fact for Anderson Warlick	10/04	/2011				
**Signature of Reporting Person	Γ	Date				
Evalenation of Decrements						

## **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).

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.