Verso Corp Form 3

January 07, 2015						
FORM 3 UNITED STA	<b>ID EXCHANGE COMMISSION</b>			OMB APPROVAL		
Washington, D.C. 20549			OMB Number:	3235-0104		
INITIAL S	STATEMENT OF BEN		OWNERSH	IP OF	Expires:	January 31,
<b>^</b>	ITIES e Securities Exchange Act of 1934,			Estimated average burden hours per response 0.5		
	the Public Utility Holdin 0(h) of the Investment C	• • •		5 of Section	1	
(Print or Type Responses)						
1. Name and Address of Reporting Person <u>*</u> 2. Date of Event Requiring StatementÂAMEN ROBERT M(Month/Day/Year)		<sup>ng</sup> 3. Issuer Name <b>and</b> Ticker or Trading Symbol Verso Corp [VRS]				
(Last) (First) (Middle)	01/07/2015	4. Relationshi Person(s) to Is	p of Reporting		Amendment, D	-
6775 LENOX CENTER COURT, SUITE 400			all applicable)		(Month/Day/Yea	ır)
(Street)		X Director Officer (give title below	Other	Filing	lividual or Join g(Check Applica form filed by On	ible Line)
MEMPHIS, TN 38115				Fe	orm filed by Mon ting Person	re than One
(City) (State) (Zip)	Table I - N	Non-Derivat	ive Securiti	es Benefici	ally Owned	1
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Benef	ïcial
Common Stock	3,573		D	Â		
Reminder: Report on a separate line for ea owned directly or indirectly.	ach class of securities benefici	ially SI	EC 1473 (7-02	)		
information cont required to respo	pond to the collection of ained in this form are not ond unless the form displ MB control number.					

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Derivative Security (Instr. 4) Title	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D)	(Instr. 5)

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Date	Expiration			
Exercisable	Date			

Amount or Number of Shares or Indirect (I) (Instr. 5)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships				
	Director	10% Owner	Officer	Other		
AMEN ROBERT M 6775 LENOX CENTER COURT, SUITE 40 MEMPHIS, TN 38115	0 Â X	Â	Â	Â		
Signatures						
/s/ Peter H. Kesser, Attorney-in-Fact 01/0	7/2015					

Date

\*\*Signature of Reporting Person

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

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### **Remarks:**

### Exhibit 24 - Confirming Statement

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.