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INTERNATIONAL PAPER CO /NEW/ Form 4 November 13, 2007

FORN Check th if no lon	his box						N OMB Number: Expires:	PPROVAL 3235-0287 January 31, 2005	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated burden hou response	average Jrs per	
(Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> Ealy Carleton C			2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL PAPER CO /NEW/ [IP]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O INTERNATIONAL PAPER COMPANY, 6400 POPLAR AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2007			Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President			
			If Amendment, Date Original led(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	fable I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, any (Month/Day/Yea	Code r) (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D) 4 and 5) (A) or (D) Price	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)	
Kellinder. Re	port on a separate line	for each class of	securities bene	cherany ow	neu unectly (or multecuy.			

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 Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if		5. onNumber	6. Date Exer Expiration D	Date	7. Title and A Underlying S	Securities	Derivativ
Security (Instr. 3)	or Exercise Price of		any (Month/Day/Year)	Code (Instr. 8)	of Derivativ	(Month/Day	/Year)	(Instr. 3 and	4)	Security (Instr. 5)
(IIIsu. 5)	Derivative		(Wollth/Day/Tear)	(11150.0)	Securities					(IIIsu. 3)
	Security				Acquired					
					(A) or					
					Disposed					
					of (D) (Instr. 3,					
					(Insu: 3, 4, and 5)					
							г · /·	T '4		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or	
						LACICISADIC	Date		Number	
									of	
									Shares	
Common					16			Common		
Stock	<u>(1)</u>	11/09/2007		А	(2)	(1)	(1)	Stock	16 <u>(2)</u>	\$ 34.56
Units					—			Stock		

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Reporting O whet Fund / Fruit ess		10% Owner	Officer	Other		
6400 PO	leton C ERNATIONAL PAPER COMPANY PLAR AVENUE IIS, TN 38197			Senior Vice President			
Signatures							
Rebecca A. Bouldien, Attorney-in-Fact for Ca C. Ealy		leton	11/	/13/2007			
	** Signature of Reporting Person			Date			
Explanation of Responses:							
*	If the form is filed by more than one reporting person, <i>see</i> 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).						
	Common stock units (units) held in the non-funded International Paper Company Deferred Compensation Savings Plan (DCSP)						

Common stock units (units) held in the non-funded International Paper Company Deferred Compensation Savings Plan (DCSP)
 (1) represent one share of International Paper common stock. The number of units will vary as the price of the issuer's common stock varies. The units will be settled in cash upon termination of employment.

(2) Share numbers are rounded.

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.