### Edgar Filing: FORD MOTOR CO - Form 4

| FORD MO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FOR CO                                    |              |                                       |                                                                     |                    |                  |                      |                                                                                                       |                                  |                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|---------------------------------------|---------------------------------------------------------------------|--------------------|------------------|----------------------|-------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------|--|
| Form 4<br>March 26, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 015                                       |              |                                       |                                                                     |                    |                  |                      |                                                                                                       |                                  |                                                                   |  |
| FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ЛЛ                                        | STATES       | SFCII                                 | DITIFS /                                                            | AND FY             | сна              | NCF CC               | OMMISSION                                                                                             |                                  | PROVAL                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNITED                                    | STATES       |                                       |                                                                     | , D.C. 20          |                  |                      |                                                                                                       | OMB<br>Number:                   | 3235-0287                                                         |  |
| Check the check | nger                                      |              |                                       |                                                                     |                    |                  |                      |                                                                                                       | Expires:                         | January 31,<br>2005                                               |  |
| subject t<br>Section<br>Form 4<br>Form 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | F CHANGES IN BENEFICIAL OWN<br>SECURITIES |              |                                       |                                                                     |                    |                  |                      | nated average<br>en hours per                                                                         |                                  |                                                                   |  |
| obligatio<br>may cor<br>See Instr<br>1(b).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ons Section 170                           | (a) of the l | Public U                              | tility Ho                                                           | lding Cor          | npan             | •                    | Act of 1934,<br>935 or Section                                                                        |                                  |                                                                   |  |
| (Print or Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Responses)                                |              |                                       |                                                                     |                    |                  |                      |                                                                                                       |                                  |                                                                   |  |
| Leitch David G Symb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |              |                                       | Issuer Name <b>and</b> Ticker or Trading<br>1bol<br>RD MOTOR CO [F] |                    |                  |                      | <ol> <li>Relationship of Reporting Person(s) to<br/>Issuer</li> <li>(Check all applicable)</li> </ol> |                                  |                                                                   |  |
| (Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (First) (                                 | Middle)      | 3. Date of Earliest Transaction (Chec |                                                                     |                    |                  |                      | (Спеск                                                                                                |                                  |                                                                   |  |
| FORD MO<br>AMERICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TOR COMPANY<br>N ROAD                     | Y, ONE       | (Month/I<br>03/24/2                   | Day/Year)<br>2015                                                   |                    |                  |                      | Director<br>_X Officer (give t<br>elow)<br>Group VP a                                                 |                                  | Owner<br>r (specify<br>unsel                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Street)                                  |              |                                       | endment, D<br>nth/Day/Yea                                           | ate Origina<br>ar) | ıl               | A                    | . Individual or Joi<br>applicable Line)<br>X_ Form filed by O                                         |                                  |                                                                   |  |
| DEARBOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RN, MI 48126                              |              |                                       |                                                                     |                    |                  | P                    | Form filed by Mo<br>Person                                                                            | ore than One Rep                 | porting                                                           |  |
| (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (State)                                   | (Zip)        | Tab                                   | le I - Non-                                                         | Derivative         | Secu             | rities Acqui         | red, Disposed of,                                                                                     | or Beneficiall                   | y Owned                                                           |  |
| 1.Title of<br>Security2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date,<br>any<br>(Month/Day/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |              | Date, if                              | Code (Instr. 3, 4 and 5)                                            |                    |                  |                      | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported                          | Ownership<br>Form:<br>Direct (D) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |              |                                       | Code V                                                              | Amount             | (A)<br>or<br>(D) | Price                | Transaction(s)<br>(Instr. 3 and 4)                                                                    | (I)<br>(Instr. 4)                |                                                                   |  |
| Common<br>Stock,<br>\$0.01 par<br>value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 03/24/2015                                |              |                                       | М                                                                   | 55,000             | A                | \$ 7.55<br>(1)       | 345,312                                                                                               | D                                |                                                                   |  |
| Common<br>Stock,<br>\$0.01 par<br>value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 03/24/2015                                |              |                                       | S                                                                   | 55,000             | D                | \$<br>16.5774<br>(2) | 290,312                                                                                               | 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 (9-02)

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# 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4. 5. Number of<br>TransactionDerivative<br>Code Securities<br>(Instr. 8) Acquired (A)<br>or Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                     | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |                                         |                                 |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------|---------------------|---------------------------------------------------------------------|-----------------------------------------|---------------------------------|
|                                                     |                                                                       |                                         |                                                             | Code V                                                                                                                                     | (A) | (D)                                                            | Date<br>Exercisable | Expiration Date                                                     | Title                                   | Amoun<br>or<br>Numbe<br>of Shar |
| Employee<br>Stock<br>Option<br>(Right to<br>Buy)    | \$ 7.55 <u>(1)</u>                                                    | 03/24/2015                              |                                                             | M <u>(1)</u>                                                                                                                               | 5:  | 5,000                                                          | <u>(1)</u>          | 03/04/2017 <u>(1)</u>                                               | Common<br>Stock,<br>\$0.01 par<br>value | 55,00                           |

### **Reporting Owners**

| Reporting Owner Name / Address                                                  | Relationships |           |                              |       |  |  |  |  |
|---------------------------------------------------------------------------------|---------------|-----------|------------------------------|-------|--|--|--|--|
|                                                                                 | Director      | 10% Owner | Officer                      | Other |  |  |  |  |
| Leitch David G<br>FORD MOTOR COMPANY<br>ONE AMERICAN ROAD<br>DEARBORN, MI 48126 |               |           | Group VP and General Counsel |       |  |  |  |  |
| Signatures                                                                      |               |           |                              |       |  |  |  |  |
| Jerome F. Zaremba,<br>Attorney-in-Fact                                          |               | 03/26/201 | 5                            |       |  |  |  |  |
| <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) The option became exercisable to the extent of 33% of the shares optioned after one year from the date of grant (03/05/2007), 66% after two years, and in full after three years.
- (2) The price shown is the weighted average sales price for the reported transaction. The range of prices at which common stock was sold for the reported transaction was \$16.5600 to \$16.5900. A breakdown of each transaction will be provided upon request.

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.