FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20049	

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							()				ipariy Act											
1. Name and Address of Reporting Person* <u>Walton Thomas W.H.</u>						2. Issuer Name and Ticker or Trading Symbol PACKAGING CORP OF AMERICA PKG									5. Relationship of Reporting Person(s) to le (Check all applicable) Director 10% C				wner			
						J									X	Officer (give title below)			Other (specify below)			
(Last) (First) (Middle) C/O PACKAGING CORPORATION OF AMERICA 1955 W. FIELD CT.						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2018										SVP						
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) LAKE FOREST IL 60045														X	Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(St	ate) (Zip)		-											Pers	on					
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	efici	ally O	wne	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) Executi		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			4 and Secur Benet		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	Amount (A) o		Price	Trans		action(s) 3 and 4)			(111511.4)			
Common Stock 02/27/					7/2018	2018		A ⁽¹⁾		3,863		A	\$ <mark>0</mark> .	\$0.00		36,553		D				
Common Stock																3,429			I	Through 401k plan		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
				Transa Code (on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe		ount	nt		9. Number of derivative Securities Seneficially Owned Following Reported Transactions (Instr. 4)	F C C	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Sha	res								

Explanation of Responses:

1. On February 27, 2018, the Section 162(m) subcommittee of the compensation committee of the registrant's board of directors certified attainment of the performance measure under the performance units awarded to reporting person on June 23, 2014. Performance was achieved at the 100% level, which will result in the reported number of shares being paid out on June 23, 2018, the vesting date of the units, subject to continued service by the reporting person through such date. The committee has the discretion to award additional shares up to 20% of the number of units on or around the vesting date. At the time of vesting, reporting person will also be awarded shares with a value equal to the total dividends declared prior to vesting on the shares that are paid out.

Remarks:

Kent A. Pflederer, attorney in 62/27/2018

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.