FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | | | | |
|-----|--------------|--|--|----------|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: | | | 3235-028 | | | | | | | | | | |
| - 1 | l – | | | | | | | | | | | | | |

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

| OWB 74 1 14 | J V/ (∟ | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |
| | | | | | | | | | |

| 1. Name and Address of Reporting Person* Walton Thomas W.H. (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol PACKAGING CORP OF AMERICA PKG | | | | | | | | | | all app | olicable) ctor er (give title | 1 | erson(s) to Issuer 10% Owner Other (specify below) | | |
|--|--|--|--|--|---|--|--------------------------------------|----------------------------------|--|---|--------|---|---------------|------------------------|--|------------------------------------|---|--|---|--|--|
| C/O PACKAGING CORPORATION OF AMERICA 1955 W. FIELD CT. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/23/2014 | | | | | | | | | | SVP | | | | | | |
| (Street) LAKE FOREST IL 60045 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 4 and Secui Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | e | Transaction(s) (Instr. 3 and 4) | | | | (| |
| Common Stock 06/23/ | | | | | 3/2014 | 2014 | | | A | | 3,863 | | A | \$0. | 00(1) | 64,642 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 2,866 | | I | | Through 401k plan | | |
| 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) | ce Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | | 4. Transa Code (8) | | n of | rities ired osed : 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | nstr. 3 | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Ind (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Award of restricted stock

Remarks:

Kent A. Pflederer, attorney in 06/25/2014 **fact**

** Signature of Reporting Person

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.