FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|----------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average bu | rden | | | | | | | |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* <u>Goldstein Larry</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol BERRY PLASTICS GROUP INC [BERY] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|------------------------------------|-----------------|-----------|--|---|--|------|---|--------|---|---------------|---|---|---|---|--|---------------|--|
| | | | | | 1 | JICIC I | | 1101 | 100 | OIC | 701 1110 | LDLI | `` | | Direct | tor | 10% (| Owner | |
| | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X | Office below | er (give title v) | Other below | (specify) | |
| (Last) | | , | (Middle |) | 05/ | 05/23/2014 | | | | | | | | | President | | | | |
| 101 OAF | KLEY ST | KEE I | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| EVANSV | /ILLE 1 | N | 47710 | | | | | | | | | | | X | Form | filed by One | Reporting Pers | son | |
| | | | | . | | | | | | | | | | Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Person | | | | | |
| | | Tab | le I - I | Non-Deriv | ative | Seci | uritie | s Ac | quire | ed, Di | sposed o | f, or E | Benefic | ially (| Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | | Execution Date, | | , | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | | nd 5) Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | ted action(s) 3 and 4) | | (Instr. 4) | |
| Common Stock 05/23/201 | | | | | 014 | | | | S | | 10,000 | D | \$24.17 | 703 ⁽¹⁾ | 2 | 1,094 | D | | |
| | | T | able I | | | | | | | | oosed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercis Price of Derivative Security | rercise (Month/Day/Year) of rative | Execution Date, | | ransaction of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5) | | urities juired or posed D) tr. 3, 4 | | ation D | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | vative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

. Weighted average from 11 transactions with prices ranging from \$24.1200 to \$24.2500 per share. Upon request by the Commission Staff, the issuer, or a security holder of the issuer, the reporting person will undertake to provide full information regarding the number of shares purchased at each separate price.

Remarks:

/s/ Jason K. Greene, as attorney-in-fact 05/27/2014

** 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.