FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OIVID APPROVAL | | | | | | | |
|----------------|-------------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
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hours per response:

0.5

| | Check this box if no longer subject to | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| \neg | 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* | | | | | 2. Issuer Name and Ticker or Trading Symbol BERRY PLASTICS GROUP INC BERY | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|------------|----------------------|--------|--|--------------------------|--|-------------------------|----------------|--|---|---|--|------------------------------|--|--|------------|--|
| <u>RICH JONATHAN D</u> | | | | | | DERIVE DERIVE DERIVE | | | | | | | | | | 10% Ow | ner | |
| (Lasi) (Filsi) (Middle) I | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | Officer (give title below) | | | Other (spelow) | pecify | |
| 101 OAKLEY STREET | | | | | 11/25/2014 | | | | | | | | Chief Executive Officer | | | | | |
| (Street) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| EVANSVILLE IN | | N | 47710 | | | | | | | | Form filed by One Reporting Person | | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | Form filed by More than One Reporting Person | | | | ing | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | Beneficia Owned Fo | s Form ally (D) collowing (I) (II | | Direct Indirect Etr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code V | An | nount | (A) or (D) Price | | Reported Transacti (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | | | Table II - De (e. | | | | | uired, Dis , options | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date if any | | Execution Date, | Code (| Transaction Derivative Code (Instr. Securities | | ve es (Month/Day/Year) osed estr. | | and | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | y | Ownership of Form: E Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | |
| Employee Stock Option (Right to Buy) | \$28.75 | 11/26/2014 | | A | | 640,000 | | (1) | 11/26/ | /2024 | Common Stock | 640,000 | \$0 | 3,225,00 | 00 | D | | |

Explanation of Responses:

1. Granted under the 2012 Equity Incentive Plan. Option veston each of the first five anniversaries of the date of grant, subject to the terms and conditions of the plan and award agreement.

Remarks:

Jason K. Greene, as attorney-infact

** 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.