

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

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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       |                             |                        |                                                               |                                         |                   |            |                                                                                                     |                                                                                       | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                                                   |                                                 |                                                                    |
|----------------------------------------------|-----------------------------------------------------------|-------------------|----------------------------------|---------|--------------------------------------------|---------------------------------------------------|-----------------------------|------------------------|---------------------------------------------------------------|-----------------------------------------|-------------------|------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------|
| Mills Michael R                              |                                                           |                   |                                  |         |                                            | Vulcan Materials CO [ VMC ]                       |                             |                        |                                                               |                                         |                   |            |                                                                                                     |                                                                                       |                                                                         |                                                                   |                                                 |                                                                    |
| (Last) (First) (Middle)                      |                                                           |                   |                                  |         | 3. 1                                       | 3. Date of Earliest Transaction (MM/DD/YYYY)      |                             |                        |                                                               |                                         |                   |            |                                                                                                     | Director                                                                              |                                                                         |                                                                   |                                                 |                                                                    |
|                                              |                                                           |                   |                                  |         |                                            |                                                   |                             |                        |                                                               |                                         |                   |            |                                                                                                     | X Officer (give title below) Other (specify below)  Chief Administrative Officer      |                                                                         |                                                                   |                                                 |                                                                    |
| 1200 URBAN CENTER DRIVE                      |                                                           |                   |                                  |         |                                            |                                                   | 8/18/2016                   |                        |                                                               |                                         |                   |            |                                                                                                     |                                                                                       | strative                                                                | Officer                                                           |                                                 |                                                                    |
| (Street)                                     |                                                           |                   |                                  |         | 4. ]                                       | 4. If Amendment, Date Original Filed (MM/DD/YYYY) |                             |                        |                                                               |                                         |                   |            |                                                                                                     | 6. Individual or Joint/Group Filing (Check Applicable Line)                           |                                                                         |                                                                   |                                                 |                                                                    |
| BIRMINGHAM, AL 35242                         |                                                           |                   |                                  |         |                                            |                                                   |                             |                        |                                                               |                                         |                   |            |                                                                                                     | _ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person |                                                                         |                                                                   |                                                 |                                                                    |
| (City) (State) (Zip)                         |                                                           |                   |                                  |         |                                            |                                                   |                             |                        |                                                               |                                         |                   |            | Form fried by More than One Reporting Person                                                        |                                                                                       |                                                                         |                                                                   |                                                 |                                                                    |
|                                              |                                                           |                   | Table                            | I - Nor | n-Der                                      | rivati                                            | ive Seci                    | urities Ac             | equii                                                         | red, Di                                 | sposed            | of, o      | r Be                                                                                                | eneficially Owne                                                                      | ed                                                                      |                                                                   |                                                 |                                                                    |
| 1. Title of Security (Instr. 3) 2. Trans. Da |                                                           |                   |                                  |         | te 2A. Deemed<br>Execution<br>Date, if any |                                                   | 3. Trans. Cod<br>(Instr. 8) |                        | 4. Securities Acq<br>or Disposed of (I<br>(Instr. 3, 4 and 5) |                                         | ) Fo              |            | 5. Amount of Securities Beneficially Owned<br>Following Reported Transaction(s)<br>(Instr. 3 and 4) |                                                                                       |                                                                         | Ownership<br>Form:                                                | Beneficial                                      |                                                                    |
|                                              |                                                           |                   |                                  |         |                                            |                                                   |                             | Code                   | V                                                             | Amou                                    | (A)               |            | rice                                                                                                |                                                                                       |                                                                         |                                                                   |                                                 | Ownership<br>(Instr. 4)                                            |
| Common Stock 8/18/2016                       |                                                           |                   |                                  |         | 16                                         |                                                   |                             | s                      |                                                               | 834.00<br>(1)                           | )0 D              | \$0        | <u>(1)</u>                                                                                          | 18717.0000                                                                            |                                                                         | D                                                                 |                                                 |                                                                    |
| Common Stock (401k)                          |                                                           |                   |                                  |         |                                            |                                                   |                             |                        |                                                               |                                         |                   |            |                                                                                                     | 7503.5078                                                                             |                                                                         | D                                                                 |                                                 |                                                                    |
| Common Stock                                 |                                                           |                   |                                  |         |                                            |                                                   |                             |                        |                                                               |                                         |                   |            | 768.0000                                                                                            |                                                                                       | I                                                                       | By<br>Spouse                                                      |                                                 |                                                                    |
|                                              | Tab                                                       | le II - Der       | ivative                          | Securi  | ities l                                    | Bene                                              | ficially                    | Owned (                | e.g.                                                          | , puts                                  | calls, v          | varr       | ants                                                                                                | s, options, conve                                                                     | rtible sec                                                              | curities)                                                         |                                                 |                                                                    |
| Security (Instr. 3)                          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Trans.<br>Date | 3A. Dee<br>Execution<br>Date, if | on (In  | Trans.<br>nstr. 8)                         | Acquire<br>Dispose                                |                             | e Securities<br>(A) or |                                                               | 6. Date Exercisable and Expiration Date |                   | Securities |                                                                                                     | es Underlying<br>ve Security                                                          | Derivative<br>Security<br>(Instr. 5)                                    | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned | Ownership<br>Form of<br>Derivative<br>Security: | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|                                              | Security                                                  |                   |                                  |         | Code                                       | V                                                 | (A)                         | (D)                    | Dat<br>Exe                                                    | e<br>ercisable                          | Expiratio<br>Date | n<br>Titl  |                                                                                                     | mount or Number of nares                                                              |                                                                         | Following<br>Reported<br>Transaction(s)<br>(Instr. 4)             | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4)  |                                                                    |

## **Explanation of Responses:**

- ( Shares were sold at prices ranging from \$118.19 to \$118.23 per share. Full information regarding the number of shares sold at each separate price will be
- 1) provided upon request.

### Reporting Owners

| Reporting Owner Name / Address | Relationships |           |                              |       |  |  |  |  |
|--------------------------------|---------------|-----------|------------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director      | 10% Owner | Officer                      | Other |  |  |  |  |
| Mills Michael R                |               |           |                              |       |  |  |  |  |
| 1200 URBAN CENTER DRIVE        |               |           | Chief Administrative Officer |       |  |  |  |  |
| BIRMINGHAM, AL 35242           |               |           |                              |       |  |  |  |  |

#### **Signatures**

Jerry F. Perkins Jr., Attorney-in-Fact

\*\*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 control number.