FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB AF | PPROVAL |
|-------------|----------|
| OMB Number: | 3235-028 |

37 Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* WATSON COLIN D | | | | | 2. Issuer Name and Ticker or Trading Symbol LOUISIANA-PACIFIC CORP [LPX] | | | | | | | | Relationship of Reporting Person (Check all applicable) X Director | | | | son(s) to Iss 10% Ov | | |
|--|---|--|---|--------|---|---|-------|--|------------------|---|-----------------------|--|--|--|---|---|--|---|------------|
| (Last) (First) (Middle) 414 UNION STREET, SUITE 2000 | | | | 11/ | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2015 | | | | | | | | | below) | | | Other (s | | |
| (Street) NASHVILLE TN 37129 | | | | _ | 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 | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | | le I - No | | | _ | | | · | l, Di | sposed o | | | ially | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transa Date (Month/Da | | Exe) if ar | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (AD Disposed Of (D) (Instr. 3 | | | d 5) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price Reported Transaction(s) (Instr. 3 and 4) | | | | | | (Instr. 4) |
| Common | Stock | | | 11/30/ | 2015 | 1 | 1/30/ | 2015 | M | | 36,873 | A | \$18. | 3187 | 3187 48,742 D | | | D | |
| Common | Stock | | | 11/30/ | 2015 | 1 | 1/30/ | 2015 | S | | 36,873 | D | \$18. | 3187 | 11 | ,869 | | D | |
| | | ٦ | able II | | | | | | | | posed of, converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | | 4. Transa Code (8) | ction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersi Form: Direct (C or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Common stock option | \$4.59 | 11/30/2015 | 11/30 |)/2015 | M | | | 4,654 | 09/01/2 | 009 | 06/01/2019 | Common Stock | 4,65 | 4 | \$0.00 | 0 | | D | |
| Common stock option | \$7.8 | 11/30/2015 | 11/30/2015 | | M | 8,88 | | 8,887 | 09/01/2 | 011 | 06/01/2020 | Common stock | 8,887 | | \$0.00 | 0 | | D | |
| Common stock option | \$8.01 | 11/30/2015 | 11/30 |)/2015 | M | | | 8,139 | 09/01/2 | 011 | 06/01/2021 | Common stock | 8,13 | 9 | \$0.00 | 0 | | D | |
| Common stock option | \$12.14 | 11/30/2015 | 11/30 |)/2015 | M | | | 7,558 | 09/01/2 | 008 | 06/01/2018 | Common stock | 7,55 | 8 | \$0.00 | 0 | | D | |
| Common stock option | \$8.92 | 11/30/2015 | 11/30 |)/2015 | M | | | 7,635 | 09/01/2 | 012 | 06/01/2022 | Common stock | 7,63 | 5 | \$0.00 | 0 | | D | |

Explanation of Responses:

Remarks:

/s/ Mark A Fuchs for Colin Watson

** Signature of Reporting Person

12/01/2015

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).

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).