

SECURITIES AND EXCHANGE COMMISSION

FORM 3

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REPORTING OWNER

Simons Steven K

CIK: **1565535**

Type: **3** | Act: **34** | File No.: [001-11507](#) | Film No.: **13520270**

Mailing Address
*40 LONDONDERRY
TERRACE
SOMERS NY 10589*

ISSUER

WILEY JOHN & SONS, INC.

CIK: **107140** | IRS No.: **135593032** | State of Incorporation: **NY** | Fiscal Year End: **0430**
SIC: **2731** Books: publishing or publishing & printing

Mailing Address
*111 RIVER STREET
HOBOKEN NJ 07030*

Business Address
*111 RIVER STREET
HOBOKEN NJ 07030
2017486000*

FORM 3

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

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section
17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the
Investment Company Act of 1940

1. Name and Address of Reporting Person <u>Simons Steven K</u> _____ (Last) (First) (Middle) <u>40 LONDONDERRY LANE</u> _____ (Street) <u>SOMERS, NY 10589</u> _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>01/01/2013</u>	3. Issuer Name and Ticker or Trading Symbol <u>WILEY JOHN & SONS, INC. [JWA/JWB]</u> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) _____ Director _____ 10% Owner <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) <u>SVP, Operations & Services</u> 5. If Amendment, Date Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person _____ Form Filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common	7,836 ⁽¹⁾	D	
Class A Common	838.514	I	By 401k Plan

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Non-Qualified Stock Options	04/30/2010 ⁽²⁾	06/21/2016	Class A Common	3,200	\$33.05	D	
Non-Qualified Stock Options	04/30/2013 ⁽²⁾	06/24/2019	Class A Common	4,100	\$35.04	D	
Non-Qualified Stock Options	04/30/2009 ⁽²⁾	06/21/2015	Class A Common	6,000	\$38.55	D	
Non-Qualified Stock Options	04/30/2014 ⁽²⁾	06/23/2020	Class A Common	14,200	\$40.02	D	
Non-Qualified Stock Options	04/30/2012 ⁽²⁾	06/25/2018	Class A Common	2,700	\$47.55	D	
Non-Qualified Stock Options	04/30/2016 ⁽²⁾	06/26/2022	Class A Common	5,000	\$48.06	D	
Non-Qualified Stock Options	04/30/2011 ⁽²⁾	06/27/2017	Class A Common	2,600	\$48.46	D	
Non-Qualified Stock Options	04/30/2015 ⁽²⁾	06/22/2021	Class A Common	3,800	\$49.55	D	

Restricted Performance Units	06/25/2013 ⁽²⁾	06/24/2019	Class A Common	1,560	\$ 0	D	
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Explanation of Responses:

1. Includes 2,500 shares of unvested restricted stock.
2. Date award is first exercisable.

Signatures

Michael L. Preston

** Signature of Reporting Person

01/09/2013

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.