

**FORM 3**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**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

OMB APPROVAL

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|   |   |  |  |
|---|---|--|--|
| 1. Name and Address of Reporting Person<br>Sharon H. Simpson<br><br>_____<br>(Last) (First) (Middle)<br>3669 Mount Diablo Boulevard<br><br>_____<br>(Street)<br>Lafayette CA 94549<br><br>_____<br>(City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br><br>12/15/2014 | 3. Issuer Name and Ticker or Trading Symbol<br>SIMPSON MANUFACTURING CO INC /CA/ [ SSD ] |  |
| 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><br>Director <input checked="" type="checkbox"/> 10% Owner<br>Officer <input type="checkbox"/> Other<br>(give title below) (specify below)   |   | 5. If Amendment, Date of Original Filed (Month/Day/Year)<br><br>_____                    |  |
| 6. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person      |   |  |  |

**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) |
|---------------------------------|---|--|---|
| Common Stock                    | 6,355,548 <sup>(1)</sup>                              | I  | By Trust  |
| Common Stock                    | 1,000,000   | D  |   |
| Common Stock                    | 145,000 <sup>(2)</sup>                                | I  | By non-profit public benefit corporation              |
| Common Stock                    | 6,036 <sup>(3)</sup>                                  | I  | 401(k)  |

**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: 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 |  |  |   |
|  |  |                 |   |                            |  |  |   |

**Explanation of Responses:**

1. The shares are owned by Sharon H. Simpson, Trustee of the Barclay and Sharon Simpson 2007 Trust, dated May 25, 2007.

2. The shares are owned by the Simpson PSB Fund, a California nonprofit public benefit corporation, of which Sharon Simpson is a member of the Board of Directors. Sharon Simpson disclaims beneficial ownership of these shares.

3. These shares are owned by the Simpson Manufacturing Co., Inc. Profit Sharing Plan for Salaried Employees (the "Plan") of which Sharon Simpson is a beneficiary of Barclay Simpson's account. The Plan is qualified under sections 401(a)(26) and 410 of the Internal Revenue Code.

/s/SHARON H. SIMPSON 12/18/2014

\*\* 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 5 (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.**