1. Name and Address of Reporting Person

SIMPSON SHARON H  
21C Orinda Way, Suite 358  
Orinda, CA 94563

2. Issuer Name and Ticker or Trading Symbol

SIMPSON MANUFACTURING CO INC /CA/ [SSD]

3. Date of Earliest Transaction (Month/Day/Year)

10/24/2017

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

Director  X 10% Owner
Officer
Other (give title below)  
(specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person
Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>10/24/2017</td>
<td></td>
<td>S</td>
<td>32,307 D $49.4528</td>
<td>769,504 D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td>10/25/2017</td>
<td></td>
<td>S</td>
<td>11,962 D $49.0451</td>
<td>757,542 D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Explanation of Responses:

Sharon H. Simpson

** Signature of Reporting Person

10/26/2017

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.

Potential persons who are to 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.