

# FORM 4

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

|                                                          |
|----------------------------------------------------------|
| OMB APPROVAL                                             |
| OMB Number: 3235-0287                                    |
| 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).

## 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

(Print or Type Responses)

|                                                             |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person*<br>BRESKY STEVEN J | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>SEABOARD CORP /DE/ <span style="float:right">SEB</span> | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input checked="" type="checkbox"/> Director <span style="float:right"><input checked="" type="checkbox"/> 10% Owner</span><br><input checked="" type="checkbox"/> Officer (give title below) <span style="float:right"><input type="checkbox"/> Other (specify below)</span><br><span style="float:right">President &amp; CEO</span> |
| (Last) (First) (Middle)<br>9000 WEST 67TH STREET            | 3. Date of Earliest Transaction (Month/Day/Year)<br>11/26/2013                                                |                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (Street)<br>SHAWNEE MISSION KS 66202                        | 4. If Amendment, Date Original Filed (Month/Day/Year)<br>11/26/2013                                           | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person                                                                                                                                                                                                      |
| (City) (State) (Zip)                                        | <b>Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                     |

| 1. Title of Security<br>(Instr. 3) | 2. Transaction Date<br><br>(Month/Day/Year) | 2A. Deemed Execution Date, if any<br><br>(Month/Day/Year) | 3. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D)<br>(Instr. 3, 4 and 5) |            |       | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)<br><br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I)<br><br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership<br><br>(Instr. 4) |
|------------------------------------|---------------------------------------------|-----------------------------------------------------------|--------------------------------|---|----------------------------------------------------------------------|------------|-------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|
|                                    |                                             |                                                           | Code                           | V | Amount                                                               | (A) or (D) | Price |                                                                                                      |                                                                 |                                                              |
| Common Stock                       |                                             |                                                           |                                |   |                                                                      |            |       | 2,113                                                                                                | I                                                               | By Trust (1)                                                 |
|                                    |                                             |                                                           |                                |   |                                                                      |            |       |                                                                                                      |                                                                 | (1)                                                          |
| Common Stock                       |                                             |                                                           |                                |   |                                                                      |            |       | 1,775                                                                                                | I                                                               | By Trust (2)                                                 |
|                                    |                                             |                                                           |                                |   |                                                                      |            |       |                                                                                                      |                                                                 | (2)                                                          |

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).

**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.**

FORM 4 (continued)

**Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |     | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) |  | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------------|--------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|---|-----------------------------------------------------------------------------------------|-----|----------------------------------------------------------|-----------------|---------------------------------------------------------------|--|--------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     | Date Exercisable                                         | Expiration Date |                                                               |  |                                            |                                                                                                    |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    | Code                           | V | (A)                                                                                     | (D) |                                                          |                 |                                                               |  |                                            |                                                                                                    |                                                                                  |                                                        |
|                                            |                                                        |                                      |                                                    |                                |   |                                                                                         |     |                                                          |                 |                                                               |  |                                            |                                                                                                    |                                                                                  |                                                        |

Explanation of Responses:

See attached "FOOTNOTES" page.

\*\* 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.

/s/ Steven J. Bresky  
\*\* Signature of Reporting Person

10/17/2014  
Date

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 number.

- 1 The Reporting Person was appointed co-trustee of the KC Trust on April 18, 2010. The Reporting Person and members of his immediate family are beneficiaries of the trust. The Reporting Person disclaims beneficial ownership of Issuer's common stock held by the trust except to the extent of his pecuniary interest therein. The indirect holding of these shares by the Reporting Person was omitted from the Reporting Person's Form 4 filed on November 26, 2013.
- 2 The Reporting Person was appointed co-trustee of the HAB Grandchildren's Trust A on December 12, 2010. Members of the Reporting Person's immediate family are beneficiaries of the trust. The Reporting Person disclaims beneficial ownership of Issuer's common stock held by the trust except to the extent of his pecuniary interest therein. The indirect holding of these shares by the Reporting Person was omitted from the Reporting Person's Form 4 filed on November 26, 2013.