Instruction 1(b).

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington	$D \subset$	20540
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNEDSHID

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average b	urden						
hours nor resnance.	1.0						

Form 3	B Holdings Rep	orted.		OWNERSHIP									ho	urs per re	sponse:		1.0	
Form 4	1 Transactions	Reported.	Fi	led pursuant t or Section					rities Excha Company Ac			934						
1. Name and Address of Reporting Person* <u>DIXON DIANE B</u>					2. Issuer Name and Ticker or Trading Symbol AVERY DENNISON CORPORATION [(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					ier	
(Last) 150 N. C	•	rst) ((Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/02/2010						_	X Officer (give title below) Other (specify below) Sr. VP, Corp.Comm. & Adv.					ecny	
(Street) PASADE			91103 (Zip)	4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Non-Deri	vative Sec	curitie	s Ac	quir	ed, Di	isposed	of, or	Ber	eficiall	y Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			Code (Instr.		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)			sposed Of	Securities Beneficially		6. Ownership Form: Direct		7. Nature of Indirect Beneficial			
			(Month/Day	Year)	8)		Amou		(A) or (D)			Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
Common	Stock		12/31/2009			J(1)	20	5.977	A		\$0	3,779.06		I SHARE Plan			
Common	Stock		12/31/2009 J ⁽²⁾ 262.285 A \$ 0 302.149]			Savings Plan										
Common	Stock												74	748 D				
Common	Stock												0		I by Trust		rust	
	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. Num of Derivat Securit Acquir (A) or Dispos of (D) (3, 4 and	tive ties ed sed Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		rcisable and Date Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) Expiration 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security d 4) Amount or Number	8. Price of Derivative Security (Instr. 5) 8. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4		ive ies cially ing ed ction(s)		hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	\$0	12/31/2009		J ⁽³⁾	62.747		08/08	8/1988	1988 08/08/1988		non	62.747	\$0	1,42	8.437	I		CAP Trust

Explanation of Responses:

- 1. Shares purchased under the Company's SHARE Plan in transactions exempt under Rule 16b-3(c)
- 2. Shares purchased under the Company's Employee Savings Plan in transactions exempt under Rule 16b-3(c)
- 3. Includes stock units acquired upon the reinvestment of dividend equivalents under the Avery Capital Accumulation Plan ("CAP") in a transaction exempt under Rule 16a-11

By: Irene Marquard For: Diane 02/02/2010 B. Dixon

** Signature of Reporting Person

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.