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CITIGROU	JP INC										
Form 4											
January 05,											
FORM	$\mathbf{M4}_{\text{UNITED}}$	STATES S	ECURITIES	AND FYC	нлл	JCF CO	MMISSION	OMB AP	PROVAL		
Charlet		STATESS	Washington					OMB Number:	3235-0287		
if no los	his box nger				~~			Expires:	January 31, 2005		
subject Section Form 4	to SIAIE 16.	MENT OF (CHANGES IN SECU	RSHIP OF	Estimated average burden hours per response						
Form 5 obligati may co <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the Pu	ction 16(a) of t blic Utility Ho the Investmer	olding Comp	pany	Act of 19					
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> SPERO JOAN E							5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)		. Date of Earliest				(Check	ck all applicable)			
			(Month/Day/Year)				X Director 10% Owner				
CORPORA	GROUP INC., ATE LAW DEPT D STREET, 19T	., 153	1/03/2017			be	Officer (give ti low)	tle Other below)	(specify		
LUOK	(Street)		Filed(Month/Day/Year) A				5. Individual or Joint/Group Filing(Check Applicable Line) ,X_ Form filed by One Reporting Person				
NEW YOF	RK, NY 10022					Pe	_ Form filed by Mo erson	ore than One Rep	orting		
(City)	(State)	(Zip)	Table I - Non	-Derivative So	ecurit	ies Acquir	ed, Disposed of,	or Beneficially	y Owned		
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired (A) TransactiorDisposed of (D) Code (Instr. 3, 4 and 5)) (Instr. 8) (A) or				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	01/03/2017		А	596.7299 (1)	А	\$ 58.653	21,465.6664	Ι	See Footnote		
Common Stock	01/03/2017		А	56.9483 (<u>3)</u>	А	\$ 58.653	21,522.6147 (2)	Ι	See Footnote		
Common Stock	01/03/2017		А	19.2611 (<u>3)</u>	А	\$ 58.653	8,077.4974	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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required to respond unless the form displays a currently valid OMB control number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
SPERO JOAN E C/O CITIGROUP INC., CORPORATE LAW DEPT. 153 EAST 53RD STREET, 19TH FLOOR NEW YORK, NY 10022	Х						
Signatures							
Joan E. Spero by Joseph B. Wollard, Attorney-in-Fact	01/05/2017						
**Signature of Reporting Person	Γ	Date					
Explanation of Responses:							

- * 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).
- (1) Deferred shares awarded under the Issuer's Compensation Plan for Non-Employee Directors.
- (2) Represents deferred shares of common stock held by the Issuer for the benefit of the Reporting Person pursuant to the Issuer's Compensation Plan for Non-Employee Directors.
- (3) Reinvestment of cash, including dividends and interest, under the Compensation Plan for Non-Employee Directors.

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 number.