## Edgar Filing: Ally Financial Inc. - Form 4

Ally Financi Form 4 April 25, 20 <b>FORN</b> Check th if no long subject to Section 1 Form 4 co Form 5 obligatio may cont <i>See</i> Instr 1(b).	16 <b>1 4</b> UNITED S dis box ger o STATEM 16. or Filed purs section 17(a	W ENT OF CHA uant to Section	ashington NGES IN SECUF 16(a) of th Utility Hol	, D.C. 20 BENEF RITIES le Securit ding Cor	<b>549</b> ICIA ties E	LOW Exchange y Act of	e Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hou response		
(Print or Type l	Responses)									
			2. Issuer Name <b>and</b> Ticker or Trading Symbol Ally Financial Inc. [ALLY]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	Virst)     (Middle)     3. Date of Earliest Transaction				(Check an applicable)				
200 RENAI		(Month/Day/Year) 04/22/2016				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer				
			. If Amendment, Date Original iled(Month/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>			
DETROIT,	MI 48265						Form filed by More than One Reporting Person			
(City)	(State) (2	Zip) Ta	ble I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, i any	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock (1)	04/22/2016		М	1,155	А	\$ 0	155,649	D		
Common Stock	04/22/2016		D	1,155	D	\$ 17.74 (2)	154,494	D		

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

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.

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## 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)	4. Transactio 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. Pric Deriva Securi (Instr.
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (DSU)	(3)	04/22/2016	М	1,155	<u>(3)</u>	<u>(3)</u>	Common Stock	1,155	\$ (

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Halmy Christopher A 200 RENAISSANCE CENTER DETROIT, MI 48265			Chief Financial Officer				
Signatures							
/s/ Cathy I Quenneville attorne	v_in_fact	for Mr					

/s/ Cathy L. Quenneville, attorney-in-fact for Mr. Halmy <u>\*\*Signature of Reporting Person</u> 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) The common stock reported includes shares issued upon the settlement of a portion of DSUs awarded in prior periods.
- (2) Represents the per share fair market value of the Company's common stock as of April 13, 2016.
- Each Deferred Stock Unit (DSU) represents a vested right to receive the value of one share of the Company's common stock in cash equal
- (3) to the fair market value of a share of the Company's common stock. DSUs do not have an expiration or exercise date or carry a conversion price. May reflect rounding of fractional shares.

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.