Edgar Filing: Customers Bancorp, Inc. - Form 4

Customers B	ancorp, Inc.											
Form 4												
March 15, 20)17											
FORM	4		~~~~							-	PPROVAL	
	UNITED	STATES				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long	or	FNT OF	снам	CES IN	R	FNFFI	CIA		NEDSHID OF	Expires:	January 31 2005	
Section 1	Section 16.				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per		
Form 4 or Form 5		mant ta C	anting 16	(a) a f 4	I	Consta	a E		A -+ f 1024	response	0.5	
obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17(a) of the F		ility Ho	ldi	ng Com	pany	Act o	ge Act of 1934, f 1935 or Section 40	n		
(Print or Type R	Responses)											
Leibold Carla A Syn Cu:			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				Customers Bancorp, Inc. [CUBI]								
(Last)	(First) (M	liddle)	3. Date of (Month/Da		Frai	nsaction			Director	10%	b Owner	
1015 PENN	AVENUE, SUIT	E 103	02/28/20	-					Officer (give below)		er (specify	
				f Amendment, Date Original ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
WYOMISSI	ING, PA 19610									Iore than One Re		
(City)	(State) (Zip)	Table	e I - Non-	De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ned n Date, if Day/Year)	3. Transac Code (Instr. 8		4. Securi nAcquirec Disposec (Instr. 3,	l (A) c l of (D 4 and (A))	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/28/2017			A <u>(1)</u>		729	A	\$0	2,636 (2) (3)	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.

 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. Transactic Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr. 3 and 4)		8. Prio Deriv Secur (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (right to buy)	\$ 23.36					08/26/2020	08/26/2025	Common Stock	5,000	

Edgar Filing: Customers Bancorp, Inc. - Form 4

Reporting Owners

Reporting Owner Name / Address				Relationships		
		Director	10% Owner	Officer	Other	
Leibold Carla A 1015 PENN AVENUE, SU WYOMISSING, PA 19610			Chief Accounting Officer			
Signatures						
/s/ Carla A. Leibold	03/15/20	17				

<u>**</u>Signature of Reporting Person 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) Grant of restricted stock award in connection with 2016 performance bonus, with shares vesting in accordance with the terms of the award. A portion of this grant was provided in lieu of a cash bonus payment.
- (2) Includes 1,595 Restricted Stock Units.
- (3) Includes 505 shares acquired pursuant to Customers Bancorp, Inc.'s Employee Stock Purchase Plan.

Under the terms of the Customers Bancorp, Inc. 2010 Stock Option Plan, these Stock Options will vest and become exercisable on the(4) fifth anniversary of the date of grant, subject to either (i) total shareholder returns over the vesting period of at least 50%, or (ii) compound annual growth in diluted EPS for the company of at least 10% over the vesting period.

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.