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CITIGROU Form 4	IP INC										
October 04,	, 2016										
FORM	$\mathbf{\Lambda}$ 4 UNITED	STATES S	ECURITIES A	AND FYCI	HAN	CF CO	MMISSION		PROVAL		
	UNITED	STATESS	Washington			GE CUI	VIIVII55101V	OMB Number:	3235-0287		
Check t if no loi	laer		U	,				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 con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the Pu	ction 16(a) of t blic Utility Ho the Investmen	lding Comp	any .	Act of 19					
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Henry Peter B.			2. Issuer Name and Ticker or Trading Symbol CITIGROUP INC [C]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle) 3.	lle) 3. Date of Earliest Transaction					(Check all applicable)			
CORPORA	GROUP INC., ATE LAW DEPT D STREET, 19T1	, 153	Month/Day/Year) 0/01/2016			_	X Director Officer (give ti low)		Owner r (specify		
LUOK	(Street)	Filed(Month/Day/Year) A				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
NEW YOF	RK, NY 10022						Form filed by Mo				
(City)	(State)	(Zip)	Table I - Non-	Derivative Se	curiti	ies Acquire	ed, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			ate, if TransactionDisposed of (D) Code (Instr. 3, 4 and 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	10/01/2016		Code V A	Amount 713.3195 (1)	(D) A	Price \$ 47.314	(1134.5 and 4) 2,057.5345 (2)	Ι	See Footnote		
Common Stock	10/01/2016		А	4.5469 <u>(3)</u>	A	\$ 47.314	2,062.0814 (2)	I	See Footnote		
Common Stock	10/01/2016		А	18.2616 (3)	А	\$ 47.314	6,372.025	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		4.	5.	6. Date Exer		7. Tit		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired			,	,		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(III)
					4, and 5)						
					+, and <i>J</i>)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
					(\mathbf{D})				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Henry Peter B. C/O CITIGROUP INC., CORPORATE LAW DEPT. 153 EAST 53RD STREET, 19TH FLOOR NEW YORK, NY 10022	Х					
Signatures						
Peter B. Henry by Joseph B. Wollard, Attorney-in-Fact	10/04/2016					
**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) 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.