Edgar Filing: CITIGROUP INC - Form 4

CITIGROU	P INC										
Form 4											
April 05, 20	05										
FORM	14	статрс	SECUI	DITIES A	ND EV		NCE	OMMISSION		PROVAL	
Washington, D.C. 20549							OMB Number:	3235-0287			
	Check this box if no longer								Expires:	January 31, 2005	
subject to STATEMENT OF C Section 16. Form 4 or				SECUR	RITIES				Estimated a burden hour response	verage	
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a	a) of the F	Public U		ding Cor	npan	y Act of	e Act of 1934, f 1935 or Sectior 40	1		
(Print or Type]	Responses)										
WEILL SANFORD I Symb			Symbol	2. Issuer Name and Ticker or Trading Symbol CITIGROUP INC [C]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	Aiddle)	3. Date of Earliest Transaction					(Check			
(Mon				Month/Day/Year))4/01/2005				X Director X Officer (give below)			
				mendment, Date Original			6. Individual or Joint/Group Filing(Check Applicable Line)				
NEW YORK, NY 10043			Filed(Month/Day/Year)					_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Acc	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	spose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/01/2005			Code V J	Amount 62.6 (1)	(D) A	Price \$ 48.14	16,458,771.1 $(2) (3)$	D		
Common Stock								39,071.5	Ι	By 401(k) Plan.	
Common Stock								600 <u>(4)</u>	Ι	By Spouse	

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 (9-02) required to respond unless the form

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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)	4. Transacti Code (Instr. 8)	5. orNumber 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	8. Price of Derivative Security (Instr. 5)4)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Amou or Title Numb of Shares	ber	

Reporting Owners

Reporting Owner Name / Address	Relationships				
r g a a a a a a a	Director	10% Owner	Officer	Other	
WEILL SANFORD I C/O CITIGROUP INC. CORPORATE LAW DEPT. 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10043	Х		Chairman		
Signatures					

Signatures

Sanford I. Weill 04/05/2005

<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) Reinvestment of cash, including dividends and interest, under the Compensation Plan for Non-Employee Directors.
- (2) Includes 6,901.1 deferred shares of common stock held under The Travelers Insurance Company Deferred Compensation Plan for Non-Employee Directors for the benefit of the Reporting Person.
- (3) Includes 509,800 shares directly beneficially owned by the Reporting Person in his capacity as trustee of four Grantor Retained Annuity Trusts.
- (4) The Reporting Person disclaims beneficial ownership of these securities.

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.