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OMNICOM GROUP INC.								
Form 4 May 26, 2016								
					OMB AF	PROVAL		
FUNIVI 4 UNITED STAT	OMB Number:	3235-0287						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Act of 1934, 1935 or Sectior	Expires:January 3Expires:200Estimated averageburden hours perresponse0.						
(Print or Type Responses)								
1. Name and Address of Reporting Person [*] ANGELASTRO PHILIP J	2. Issuer Name and Symbol		-0	5. Relationship of Reporting Person(s) to Issuer				
(Lost) (First) (Middle)	OMNICOM GRO	-	(Check	(Check all applicable)				
(Last) (First) (Middle) C/O OMNICOM GROUP INC., 43 MADISON AVENUE	 3. Date of Earliest Tr (Month/Day/Year) 05/24/2016 	ransaction		Director X Officer (give below) Executive V		Owner er (specify & CFO		
(Street)	4. If Amendment, Da Filed(Month/Day/Year	nth/Day/Year) Applicable Line) _X_ Form filed by				oint/Group Filing(Check One Reporting Person More than One Reporting		
NEW YORK, NY 10022				Person				
(City) (State) (Zip)	Table I - Non-I	Derivative Securi	ities Acqu	iired, Disposed of,	, or Beneficial	ly Owned		
(Instr. 3) any		4. Securities Ac on(A) or Disposed (Instr. 3, 4 and 5 (A) or	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common	Code V	Amount (D)	Price	(Instr. 3 and 4)				
Common Stock, par value \$0.15 per share	А	15,484 A	\$ 0	129,849	D			
Common Stock, par value \$0.15 per share	F	7,986 (2) D	\$ 82.88	121,863	D			
Common Stock, par value \$0.15 per share				1,265.791	Ι	By 401(K) Plan		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	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,						Ì
					4, and 5)						
									Amount		
						Date	Expiration	-	or		
							Date	Title	Number		
								of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ANGELASTRO PHILIP J C/O OMNICOM GROUP INC. 437 MADISON AVENUE NEW YORK, NY 10022			Executive Vice President & CFO				
Signatures							
/s/ Michael J. O'Brien, Attorney i Angelastro	in Fact for	r Philip	05/26/2016				

**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).

On March 6, 2013, the reporting person was granted performance restricted stock units ("PRSUs") which vest based on the company's
 (1) return on equity as compared to that of an industry peer group. On May 24, 2016, the compensation committee of the board of directors of the company determined that the performance criteria had been met, resulting in the vesting of these shares.

(2) Represents shares withheld by the company for payment of tax liability incident to the vesting of PRSUs originally granted to the reporting person on March 6, 2013.

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.