**CITIGROUP INC** 

Form 4 January 03, 2014

### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box

if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Symbol

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

1(b).

(Last)

(City)

1. Name and Address of Reporting Person \* REINER GARY M

(First) (Middle)

C/O CITIGROUP INC. CORPORATE LAW DEPT., 601 LEXINGTON AVENUE, 19TH **FLOOR** 

(Street)

(State)

(Zip)

(Month/Day/Year)

01/01/2014

4. If Amendment, Date Original

CITIGROUP INC [C]

3. Date of Earliest Transaction

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

(Check all applicable)

X\_ Director 10% Owner Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

NEW YORK, NY 10022

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

01/01/2014

Execution Date, if (Month/Day/Year)

4. Securities Acquired 3. Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

(A)

Code V Amount (D) Price 363 (1) A

5. Amount of Securities Beneficially Owned Following Reported

Ownership Form: Direct (D) or Indirect (Instr. 4)

7. Nature of

Indirect

Beneficial

Ownership

(Instr. 4)

5.9%

Stock

Fixed/Float

Common

Non

Cumulative

Preferred Stock, Series

B

2,269.4 D

485,000

Transaction(s)

(Instr. 3 and 4)

D

#### Edgar Filing: CITIGROUP INC - Form 4

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.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

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	le and	8. Price of	9
	Derivative	Conversion or Exercise Price of	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amount of		Derivative	J
	Security			any	Code	of	(Month/Day/	y/Year)	Under	lying	Security	,
	(Instr. 3)			(Month/Day/Year)	(Instr. 8)	Derivative			Securities		(Instr. 5)	]
		Derivative			Securities			(Instr.	3 and 4)		(	
		Security				Acquired						]
		•				(A) or						]
						Disposed						-
						of (D)						(
						(Instr. 3,						
						4, and 5)						
										Amount		
							Date Exercisable	Expiration Date	Title	or		
										Number		
										of		
					Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

REINER GARY M C/O CITIGROUP INC. CORPORATE LAW DEPT. 601 LEXINGTON AVENUE, 19TH FLOOR NEW YORK, NY 10022



## **Signatures**

Gary M. Reiner by Joseph B. Wollard, Attorney-in-Fact

\*\*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) Shares awarded under the Issuer's 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.

Reporting Owners 2