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Form 4												
January 12, 2										OMB A	PPROVAL	
FORM	I 4 UNITE	D STATE						IGE (COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o Form 5	ger STAT	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									Expires:January 31Expires:200Estimated averageburden hours perresponse0.4	
obligation may cont <i>See</i> Instru 1(b). (Print or Type F	ns Section uction	17(a) of the		ility Ho	oldi	ing Com	pany	Act of	f 1935 or Section	1		
		ing Person *	2 Jacuar	Nama a	nd '	Tiolton on T	The dim		5. Relationship of	Reporting Per-	son(s) to	
1. Name and Address of Reporting Person * Kerin Matthew A			2. Issuer Name and Ticker or Trading Symbol FLAGSTAR BANCORP INC [(NYSE:FBC)]						(Check all applicable)			
(Last) (First) (Middle)			3. Date of (Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 01/08/2010					Director 10% Owner X_ Officer (give title Other (specify below) Executive Vice-President			
TROY, MI	(Street) 48098		4. If Amer Filed(Mont			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	one Reporting Pe	erson	
(City)	(State)	(Zip)	Table	e I - Non	ı-De	erivative S	ecurit	ies Aco	uired, Disposed of	. or Beneficial	llv Owned	
1.Title of Security (Instr. 3)	Title of ecurity2. Transaction Date (Month/Day/Year)2A. DeemedExecution Date, if any		emed on Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)					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	
Flagstar Bancorp, Inc. Common Stock	01/08/2010			Code A	V	Amount 16,484	or (D) A	Price \$ 0 (1)	(Instr. 3 and 4) 51,036	D		
Flagstar Bancorp, Inc. Common Stock	01/08/2010			F		7,018	D	\$ 0.7	44,018	D		

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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. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securiti	es	(Instr. 5)	Bene
	Derivative				Securities	8		(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								۵	Amount		
						D	F · ·	0			
						Date	Expiration		Number		
						Exercisable	Date	0	of		
				Code V	(A) (D)			S	Shares		
				Code V	(A) (D)	LACICISADIC	Date				

Reporting Owners

Reporting Owner Name / Address		Relationships							
F B		Director	10% Owner	Officer	Other				
Kerin Matthew A C/O FLAGSTAR BANCOF 5151 CORPORATE DRIVE TROY, MI 48098				Executive Vice-President					
Signatures									
/s/ Matthew A. Kerin	01/12/201	0							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Securities are base salary paid to Mr. Kerin in the form of shares of the Flagstar Bancorp, Inc. Common Stock as further described in the Company's Current Report on Form 8-K filed on December 8, 2009.

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.

**Signature of

Reporting Person