Edgar Filing: FIFTH THIRD BANCORP - Form 4

FIFTH THI	RD BANCORP										
Form 4											
April 20, 20	15										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th				0 /	, 				Expires:	January 31,	
if no long	- NIATH	MENT O	F CHAN	GES IN	BENEF	ICIA	LOW	NERSHIP OF	. 200		
subject to Section 16. SECURITIES							Estimated average burden hours per				
Form 4 c	or								response 0.5		
Form 5	Filed p	ursuant to S	Section 1	6(a) of th	e Securit	ies E	xchange	e Act of 1934,	·		
obligatio may cont		7(a) of the	Public U	tility Hol	ding Con	npany	Act of	1935 or Section	ı		
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type]	Responses)										
1. Name and A	Address of Reportin	g Person *	2 Issue	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
KABAT KI		-	Symbol			Traun	ig	Issuer			
			•	THIRD F	RANCOR	P [F]	ITBI				
			FIFTH THIRD BANCORP [FITB]					(Check all applicable)			
(Last)	(First)	(Middle)		3. Date of Earliest Transaction				_X_ Director10% Owner			
38 FOUNT	AIN SOLIARE	ΡΙΑΖΑ		Month/Day/Year) 4/16/2015				Officer (give title Other (specify			
38 FOUNTAIN SQUARE PLAZA				015				below)	below)		
								Vice C	hairman & CE0)	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
File				nth/Day/Year	r)			Applicable Line) _X_ Form filed by One Reporting Person			
CINICININA	TI OU 452(2							_X_ Form filed by C Form filed by M			
CINCINNA	ATI, OH 45263							Person		6	
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of	2. Transaction Da	te 2A. Deen	ned	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year	r) Execution	n Date, if	Transactio	on(A) or Disposed of (D)			Securities	Ownership	Indirect	
(Instr. 3)		any		Code (Instr. 3, 4 and 5)			5)	Beneficially	Form: Direct Benefi		
		(Month/L	Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
						<i>.</i>		Reported	(Instr. 4)	(1150.1)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	04/16/0015						\$	000 047	D		
Stock	04/16/2015			F <u>(1)</u>	19,875	D	19.28	882,947	D		
Common											
Stock								63,505.0441	Ι	by 401(k)	
STOCK											

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.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KABAT KEVIN T 38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263	Х		Vice Chairman & CEO					
Signatures								
H. Samuel Lind, as Attorney-in-Fac Kabat	04/20/2015							

**Signature of Reporting Person

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 withheld for taxes upon the vesting of restricted stock granted to the reporting person on April 16, 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.

Date