ROWE JOHN W Form 4 July 01, 2011

# FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

Washington, D.C. 20549

Num

Expi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

- ...

Expires: January 31, 2005

Form 4 or
Form 5 Filed pursus

SECURITIES

16(a) of the Securities Evolution Act of 1024

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** ROWE JOHN W			2. Issuer Name <b>and</b> Ticker or Trading Symbol NORTHERN TRUST CORP [NTRS]			5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 50 SOUTH	(First) (	Middle) EET	3. Date of (Month/Date 06/30/20				_X Director 10% Owner Officer (give title below) Other (specify below)		
(Street) CHICAGO, IL 60603			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securities Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution ()	emed ion Date, if /Day/Year)	3. Transactic Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3,	l (A) or l of (D)	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 (1)					1 21110 01110	(2) 11100	12,121.87	D	
Common Stock							11,000	I	By Trust

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)

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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. Transactic Code (Instr. 8)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date civative (Month/Day/Year) curities quired or posed D) str. 3, 4,		7. Title and A Underlying S (Instr. 3 and	Securities	8. Price of Derivative Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Units	(2)	06/30/2011		A	652	(3)	(3)	Common	652	\$ 0

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
·r···	Director	10% Owner	Officer	Other			
ROWE JOHN W							
50 SOUTH LASALLE STREET	X						
CHICAGO, IL 60603							

### **Signatures**

Paul A. Bernacki Attorney-in-Fact for John W.

Rowe 07/01/2011

\*\*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) Represents stock units payable automatically on a 1-for-1 basis in shares of the Corporation's common stock.
- (2) 1-for-1
- (3) The stock units will be paid in cash to the Director upon termination of the Director's service on the Board.
- (4) Stock units representing the deferral of the quarterly retainer and the deferral of board and committee fees pursuant to the Northern Trust Corporation Deferred 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.

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