Edgar Filing: FIFTH THIRD BANCORP - Form 4

FIFTH THIR	D BANCORF	þ											
Form 4													
April 16, 201	5												
FORM	4			TELEO							PROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287					
Check this box if no longer subject to STATEMENT OF CHANG										Expires:	January 31, 2005		
							CIAI	LOW.	NERSHIP OF	Estimated a			
Section 16 Form 4 or	Section 16. SECURIT				1165				burden hours per response 0.5				
Form 5		oursuant to 3	Section 10	5(a) of	the	Securiti	es Ex	chang	e Act of 1934,	response	0.5		
obligation	⁸ Section 1	•						•	f 1935 or Sectio	n			
may conti See Instru	nue.		of the In	•		•	· ·						
1(b).													
(Print or Type R	esponses)												
· • • •	1												
1. Name and Address of Reporting Person [*] 2. Issuer Name				Name a	nd '	Ticker or T	Trading	g	5. Relationship of Reporting Person(s) to				
			Symbol						Issuer				
			FIFTH	ГHIRD	\mathbf{B}	ANCOR	P [FI]	TB]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest	Tra	nsaction			, ,		, 		
	DICOLLADE		(Month/D	-)				X_ Director Officer (give		Owner er (specify		
38 FUUNTA	IN SQUARE	LPLAZA	04/14/20)15					below)	below)	i (speeny		
(Street) 4.			4. If Ame	. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
File			Filed(Mon	Filed(Month/Day/Year)					Applicable Line)				
CDICDDIA									_X_ Form filed by C Form filed by N	One Reporting Pe Iore than One Re			
CINCINNA	ГІ, ОН 45263								Person		F8		
(City)	(State)	(Zip)	Table	e I - Noi	1-De	erivative S	ecurit	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction I			3. 4. Securities Acquired						6. Ownership	7. Nature of		
Security	(Month/Day/Ye		Execution Date, if any (Month/Day/Year)		ctio	n(A) or Dia (D)	sposed	l of		Form: Direct	Indirect Beneficial		
(Instr. 3)		•			Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned	· /	Ownership		
							·	Following	· · ·	(Instr. 4)			
				(A)				Reported Transaction(s)					
			C 1	N 7		or (D) Drive		(Instr. 3 and 4)					
Common				Code	v	Amount	(D)	Price					
Stock (1)	04/14/2015			А		13,151	А	<u>(2)</u>	73,198	D			

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)

Edgar Filing: FIFTH THIRD BANCORP - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	of	r Expiration I (Month/Day ive ies ed ed			le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (E	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

HACKETT JAMES P 38 FOUNTAIN SQUARE PLAZA X CINCINNATI, OH 45263 Signatures H. Samuel Lind, as Attorney-in-Fact for James P. Hackett 04/16/2015

Director

**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).

Relationships

10% Owner Officer Other

- (1) Restricted stock units granted pursuant to Fifth Third Bancorp Incentive Compensation Plan subject to vesting upon cessation of the reporting person's service on the Board of Directors of the Issuer.
- (2) Granted pursuant to the Fifth Third Bancorp Incentive Compensation Plan. No consideration paid.

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.