Edgar Filing: OMNICOM GROUP INC - Form 4

OMNICOM Form 4 July 06, 2005											
FORM								OMB A	PPROVAL		
	UNITEDS	STATES SECUI Wa	RITIES A shington,			NGE (COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or								burden hou	Expires:January 31, 2005Estimated average burden hours per response0.5		
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type R	esponses)										
1. Name and A COLEMAN	r Name and Ticker or Trading COM GROUP INC [OMC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Month/D			e of Earliest Transaction h/Day/Year) /2005			Officer (give title Other (specify					
MADISON A	below)					below)					
(Street) 4. If Ame			nendment, Date Original			6. Individual or Joint/Group Filing(Check					
NEW YORK	d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
							Person				
(City)	(State) ((Zip) Tab	le I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			SecuritiesFBeneficially(OwnedI	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock, Par Value \$0.15	07/01/2005		А	218	A	\$0	6,313	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)

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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	ess							
	Director	10% Owner	Officer	Other				
COLEMAN LEONARD S JR C/O OMNICOM GROUP INC. 437 MADISON AVENUE NEW YORK, NY 10022	Х							
Signatures								
/s/ Michael J. O'Brien, Attorney Person		07/06/2005						
**Signature of Reportin	ng 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).

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.