## Edgar Filing: OMNICOM GROUP INC - Form 4

OMNICOM ( Form 4 March 31, 20												
FORM	Δ								OMB AF	PROVAL		
	UNITED	Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no long subject to Section 16 Form 4 or	er <b>STATEM</b> 5.	STATEMENT OF CHAN							Expires: Estimated a burden hour response			
obligation may conti	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 Responses)												
Birkin Michael Symbol				er Name and Ticker or Trading COM GROUP INC [OMC]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (N	liddle)	3. Date of	Earliest Tr	ansaction			(Check	k all applicable)			
				th/Day/Year)				below)	XOfficer (give title Other (specify			
	(Street)	(Street) 4. If Amendment, Dat Filed(Month/Day/Year)				ar) Applicable Lin						
NEW YORK, NY 10022				_X_ Form filed by O Form filed by M Person					Ine Reporting Person Iore than One Reporting			
(City)	(State) (	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	4. Securities Acquired or(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Stock, par value \$0.15 per share	03/27/2008			F	749	D	\$ 44.21	75,404 <u>(1)</u>	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.

## Edgar Filing: OMNICOM GROUP INC - Form 4

 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)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	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**

<b>Reporting Owner Name / Address</b>	Relationships							
I O	Director	10% Owner	Officer	Other				
Birkin Michael C/O OMNICOM GROUP INC. 437 MADISON AVENUE NEW YORK, NY 10022			Vice Chai	rman				
Signatures								
/s/ Michael J. O'Brien, Attorney Birkin	03/31/2008							
<u>**</u> Signature of Reporting	g 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) This includes 5,441 shares acquired under Omnicom's employee stock purchase plan.

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.