## Edgar Filing: CHOKSI MARY C - Form 4

CHOKEL MADY C

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Form 4											
July 03, 201	8										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL	
<b>CURINE 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
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	Section 16. SECURITIES							Estimated a burden hou response	irs per		
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(Print or Type I	Responses)										
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CHOKELMADY C				Name and	Ticker or T	Trading	5	5. Relationship of Reporting Person(s) to Issuer			
CHOKSI M	IANIC		Symbol					(Check all applicable)			
			OMNIC	OM GRC	OUP INC.	. [OM	IC]				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
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		· · ·	(Month/D	ay/Year)	ansaction			XDirector		b Owner	
	COM GROUP	· · ·		ay/Year)	ansaction			_X_ Director Officer (give below)		6 Owner er (specify	
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MADISON NEW YOR (City) 1.Title of Security (Instr. 3) Common Stock, par	AVENUE (Street) K, NY 10022 (State) 2. Transaction I (Month/Day/Ye	(Zip) Date 2A. Dee ear) Executio any	(Month/D 07/01/20 4. If Amer Filed(Mon Table emed on Date, if	ay/Year) )18 ndment, Dat th/Day/Year) e I - Non-D 3. Transactic Code (Instr. 8)	erivative S 4. Securit on(A) or Dis (D) (Instr. 3, 4 Amount 475.29	ies Aco sposed 4 and 5 (A) or	quired of	Officer (give below) 6. Individual or Jot Applicable Line) _X_ Form filed by O Form filed by M Person quired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	title Othe below) Dint/Group Filin Dine Reporting Per fore than One Re <b>C, or Beneficial</b> 6. Ownership Form: Direct (D) or Indirect (I)	er (specify ng(Check erson eporting Ily Owned 7. Nature of Indirect Beneficial Ownership	
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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	3
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	]
	Derivative				Securities			(Instr	. 3 and 4)		(
	Security				Acquired						]
					(A) or						]
					Disposed						1
					of (D)						(
					(Instr. 3,						
					4, and 5)						
						Date Exercisable	Expiration Date	Title	Amount or Number of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other CHOKSI MARY C C/O OMNICOM GROUP INC. Х 437 MADISON AVENUE NEW YORK, NY 10022 Signatures /s/ Michael J. O'Brien, Attorney in Fact for Mary C. 07/03/2018 Choksi \*\*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) The reporting person elected to defer receipt of these shares under the terms of the Omnicom Group Inc. 2013 Incentive Award Plan.
- (2) Includes dividends on deferred shares that are reinvested in company stock, credited on April 9, 2018.

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.

9. Nt Deriv

Secu Bene Own Follo Repo Trans (Insti

Date