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Ryan James C Form 4												
January 16, 20	Л	TATES S	SECURI	ITIES	A	ND EXC	CHAI	NGE CON	AMISSION	OMB AP		
Charle this						D.C. 205				Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	ENT OF		GES I SECU	RSHIP OF	Expires: January 31 200 Estimated average burden hours per response 0.							
Form 5 obligations may contin <i>See</i> Instruct 1(b).	s Section 17(a)) of the P		lity H	oldi	ing Com	pany	Act of 19	ct of 1934, 35 or Section	·		
(Print or Type Ro	esponses)											
1. Name and Ad Ryan James (ldress of Reporting Po C III	:	Symbol OLD NA			Ficker or T		Iss	Relationship of F uer (Check	Reporting Perso all applicable)		
		I	[ONB]						(Check	un applicable)		
(N									Director 10% Owner X Officer (give title Other (specify ow) below) SEVP-CFO			
	(Street)		4. If Amen Filed(Mont			e Original		Ap	Individual or Join plicable Line) _ Form filed by Or	ne Reporting Per	son	
EVANSVILI	LE, IN 47708							Per	Form filed by Mo son	ore than One Rep	orting	
(City)	(State) (Z	Zip)	Table	I - Noi	1-De	erivative S	Securi	ties Acquire	ed, Disposed of,	or Beneficially	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code (Instr.	8)	4. Securi nor Dispo (Instr. 3, Amount	sed of 4 and (A) or		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									1,371	I <u>(1)</u>	ONB KSOP	
COMMON STOCK									2,000	D <u>(3)</u>		
COMMON STOCK									2,430	D (2)		
COMMON STOCK	12/15/2017			J	v	21	А	\$ 17.964	2,926	D (4)		
COMMON STOCK	12/29/2017			L	V	36	А	\$ 16.5775	2,962	D (4)		

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COMMON 12/15/2017 STOCK

J V 266 A \$17.964 84,459

D (5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and Am Underlying Sec (Instr. 3 and 4)		8. F Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
PHANTOM STOCK	\$ 18.4 <u>(6)</u>	01/12/2018		Р	50	(7)	(7)	COMMON STOCK	50 <u>(6)</u>	\$

Reporting Owners

Reporting Owner Name / Address		Relatio	onships					
	Director 10% Owner		Officer	Other				
Ryan James C III								
ONE MAIN ST	N ST SEVP-CFO							
EVANSVILLE, IN 47708	LE, IN 47708							
Signatures								
JEFFREY L KNIGHT, EXEC	UTIVE V	P AND CHI	EF LEGAL C	COUNSEL, AS				
ATTORNEY-IN-FACT					01/16/2018			
	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) KSOP balance updated based upon current data.

(2) Shares held in an IRA with a broker.

- (3) Shares held with a broker.
- (4) Old National Bancorp Employee Stock Purchase Plan.
- (5) Includes 38,250 restricted stock units, 9,251 restricted stock shares and 36,958 shares of common stock. Fractional amounts have been rounded to the nearest whole number.
- (6) Each share of phantom stock represents the right to receive one share of ONB common stock or the cash value thereof.
- (7) Shares of phantom stock are payable in cash following termination of the reporting person's employment with ONB or reporting person becoming disabled. The reporting person may transfer his phantom stock account into an alternative investment account at any time.

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.