#### Edgar Filing: OMNICOM GROUP INC - Form 4

OMNICOM GROUP INC         Form 4         July 03, 2007         FORM 4         UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549         Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).       OMB Number:         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Solution of the Public Utility Holding Company Act of 1935 or Section 1(b).       Estimated aver burden hours presented autors of 1940									
(Print or Type Responses)									
1. Name and Address of Reporting Po MURPHY JOHN R	r Name <b>and</b> Ticker or Trading COM GROUP INC [OMC]				<ol> <li>Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> </ol>				
(Last) (First) (Mi		3. Date of Earliest Transaction				(Clied			
C/O OMNICOM GROUP INC MADISON AVENUE	ay/Year) )07				X_ Director10% Owner Officer (give titleOther (specify below) below)				
(Street)	ndment, Da th/Day/Year)	-			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
NEW YORK, NY 10022							porting		
(City) (State) (Z	Zip) Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)			
Common Stock, par value \$0.15 per share 07/01/2007		Code V A	Amount 472.41 (1)	(D) A	Price \$ 0	21,928.83 <u>(3)</u> (4)	D		
Common Stock, par value \$0.15 per share 07/01/2007		A	283.45 (2)	A	\$ 0	22,212.28 ( <u>3</u> ) ( <u>4)</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<br/>information contained in this form are not<br/>required to respond unless the formSEC 1474<br/>(9-02)

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# 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title an Amount o Underlyin Securities (Instr. 3 an	of I ng S s (	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	or Title Nu of	umber		

#### **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
1	Director	10% Owner	Officer	Other				
MURPHY JOHN R C/O OMNICOM GROUP INC. 437 MADISON AVENUE NEW YORK, NY 10022	Х							
Signatures								
/s/ Michael J. O'Brien, Attorney Murphy	in Fact fo	r John R.		07/03/2007				

\*\*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).
- (1) The reporting person elected to defer receipt of these shares under the terms of the Omnicom Group Inc. 2007 Incentive Award Plan.
- (2) The reporting person elected to defer receipt of these shares, which represent a quarterly payment of his annual retainer, under Omnicom Group Inc. 2007 Incentive Award Plan.
- (3) Includes dividends on deferred shares that are reinvested in company stock, credited on April 5, 2007.
- (4) The number of shares reported reflects a two-for-one stock split effected in the form of a 100% stock dividend distributed on June 25, 2007.

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.