Edgar Filing: WREN JOHN - Form 4

WREN JOF Form 4 May 23, 20 FORN Check th if no lor subject to Section Form 4 Form 5 obligation may con <i>See</i> Insta 1(b).	18 A 4 UNITED S his box his box his box sto 16. or Filed purs Section 17(a)	IENT OF suant to Se a) of the P	Wa CHAN ection 1 Public U	shington NGES IN SECUI 6(a) of th tility Hol	, D.C. 205 BENEFI RITIES ne Securition	5 49 CIAI es Ex pany	OWN change Act of	DMMISSION ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hou response	0	
WREN JOHN Symbo			Symbol		d Ticker or T OUP INC.	-]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M			f Earliest T			- 1	(Check	c all applicable	2)	
				21/2018 -				_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman, President and CEO			
	(Street)			endment, D nth/Day/Yea	ate Original r)		Ĺ	6. Individual or Joi Applicable Line) _X_ Form filed by O	ne Reporting Pe	rson	
	RK, NY 10022						Ī	Form filed by M Person	ore than One Re	porung	
(City)		(Zip)					-	ired, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	omr Disposed (Instr. 3, 4	d of (E and 5) (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, par value \$0.15 per share	05/21/2018			Code V	Amount 132,660 (1)	(D) A	Price	588,114	D		
Common Stock, par value \$0.15 per share	05/21/2018			F	55,393 (2)	D	\$ 75.29	532,721	D		
Common Stock, par								516,315	Ι	By GRATs	

Edgar Filing: WREN JOHN - Form 4

value \$0.15 per share			
Common Stock, par value \$0.15 per share	27,369.447	I	By 401(K) Plan
Reminder: Report on a separate line for each class of securities benefi	cially owned directly or indirectly.	tion of	SEC 1474

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.

Exercisable Date

of

Shares

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securities	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3 and 4)	Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amoun	t	
									ι	
						Date	Expiration	or		
						Evereiseble		Title Number	r	

Code V (A) (D)

Reporting Owners

Reporting Owner Name / Add	ress	Relationships						
hepoting o whet theme / theme	Director	10% Owner	Officer	Other				
WREN JOHN C/O OMNICOM GROUP II 437 MADISON AVENUE NEW YORK, NY 10022	NC. X		Chairman, President and CEO					
Signatures								
/s/ John D. Wren	05/23/2018							
<u>**</u> Signature of	Date							

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).

On April 1, 2015, the reporting person was granted performance restricted stock units ("PRSUs") which vest based on the company's
 (1) return on equity as compared to that of an industry peer group. On May 21, 2018, the compensation committee of the board of directors of the company determined that the performance criteria had been met, resulting in the vesting of these shares.

(2) Represents shares withheld by the company for payment of tax liability incident to the vesting of PRSUs originally granted to the reporting person on April 1, 2015.

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.