Edgar Filing: FIFTH THIRD BANCORP - Form 4

FIFTH THIR	D BANCOR	Р										
Form 4												
April 17, 201												
FORM	4	TD STATE	SECUE	ITIFS A	ND FY(ч ы н'	NCF	COMMISSION	r	PPROVAL		
	UNIII	DSIAIL					IGE (OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OV							Expires:	January 31,				
					BENEFI	CIA	LOW	NERSHIP OF		2005		
Section 16. SECURITIES								Estimated a burden hou	•			
Form 4 or								response	•			
Form 5 obligations rection 17(a) of the Public Utility Holding Company Act of 1935 or Section												
may contin	nue.		of the Inv	•	•	- ·			n			
See Instructure 1(b).	ction	50(II)	of the my	estinent '	company	y Act	0117	+0				
1(0).												
(Print or Type R	esponses)											
1 Name and Ac	dress of Report	ing Person *	2.1	NT	7D'1 7	г. I.		5. Relationship of	Peporting Per	son(s) to		
MEIJER HENDRIK G Symbol				uer Name and Ticker or Trading I I THIRD BANCORP [FITB]				Issuer	Reporting Fer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check all applicable)					
				Month/Day/Year)				X Director 10% Owner				
38 FOUNTAIN SQUARE PLAZA 04/1				•				Officer (give below)	titleOther (specify below)			
			4. If Amer	mendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Aonth/Day/Year)				Applicable Line)					
CINCININA		,						_X_ Form filed by 0 Form filed by N	One Reporting Pe Aore than One Re			
CINCINNAT	11, OH 45263	5						Person		1 8		
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Y		on Date, if TransactionAcquired (A) or					Securities		Indirect		
(Instr. 3)		any (Month	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned	Indirect (I) Owner	Beneficial Ownership		
		X					- /	Following		(Instr. 4)		
						(A)		Reported Transaction(s)				
				Codo V	Amount	or	Duine	(Instr. 3 and 4)				
Common					Amount	(D)	Price		_			
Stock (1)	04/15/2014			А	4,623	А	<u>(2)</u>	75,833.459	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.

 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. Transacti Code (Instr. 8)	5. oriNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	4, and 5)		Expiration Date	Title	Amount or Number of Shares		
Dener	utino a O									

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Reporting Owners

Reporting Owner Name / Address		Relationsh						
	Director	10% Owner	Officer	Other				
MEIJER HENDRIK G 38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263	Х							
Signatures								
H. Samuel Lind, as Attorney-in-Fac Meijer	drik G.	04/17/2014						
**Signature of Reporting Per		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) Restricted stock units granted pursuant to Fifth Third Bancorp Incentive Compensation Plan subject to vesting upon cessation of the reporting person's service on the Board of Directors of the Issuer.
- (2) Granted pursuant to the Fifth Third Bancorp Incentive Compensation Plan. No consideration paid.

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.