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MacLellan R	lobert F.										
Form 4											
September 2	9, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								01 11 11 11 11	OMB APPROVAL		
	• • UNITEL) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi	is box		vv a	sington,	, D.C. 20.	547				January 31,	
if no long		MENT O	F CHAN	IGES IN	BENEFI	CIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 1)			SECUR				Estimated average			
Form 4 o									burden hours per response 0.5		
Form 5	Filed pu	ursuant to S	Section 1	6(a) of th	e Securit	ies Ez	xchange	e Act of 1934,			
obligation may cont		7(a) of the	Public U	tility Hole	ding Com	ipany	Act of	1935 or Section	ı		
See Instru		30(h)	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
(Duint on Tom o I)										
(Print or Type F	(esponses)										
1. Name and A	ddress of Reportin	g Person <u>*</u>	2. Issue	r Name and	Ticker or	Tradin	σ	5. Relationship of	Reporting Pers	on(s) to	
MacLellan I		-	Symbol	er Name and Ticker or Trading				Issuer			
				CE T ROWE GROUP INC				(Check all applicable)			
TROW											
(Last)	(First)	(Middle)	3. Date of	f Earliest Ti	ransaction			X Director	10%	Owner	
(Month/D			/Day/Year)				Officer (give title Other (specify below)				
100 EAST PRATT STREET 09/28/2				017				below)			
(Street) 4. If Ame			endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mor				Ionth/Day/Year)				Applicable Line)			
								X Form filed by C Form filed by M			
BALTIMO	RE, MD 21202							Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired				5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Execution Date, if			Transaction(A) or Disposed of (D)				Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Y			(Instr. 3, 4	and 5	5)	Beneficially Owned	Form: Direct Benef		
		(IVIOIIII/L	Jay/ Tear)	(Instr. 8)				Following	(D) or Indirect (I)	Ownership (Instr. 4)	
						(A)		Reported	(Instr. 4)	· · · ·	
						or		Transaction(s)			
				Code V		(D)	Price	(Instr. 3 and 4)			
Common	09/28/2017			А	31.137	А	\$	7,791.685	D		
Stock					(1)		90.13				

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. Titl Deriv Secur (Instr.	vative rity	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	Date	Amou Under Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
					Code V	4, and 5) V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
Toporong o who runno / runnoss	Director	10% Owner	Officer	Other			
MacLellan Robert F. 100 EAST PRATT STREET BALTIMORE, MD 21202	X						
Signatures							
/s/ David Oestreicher, Corporate Secretary	e	09/29/2017					
<u>**</u> Signature of Reporting Person		D	ate				

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) Credited as fully-vested dividend equivalents pursuant to the T. Rowe Price Group Inc. 2017 Non-Employee Director Equity Plan with respect to dividend declared by the issuer on its Common Stock.

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.