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| NYSE Euronext Form 4 May 05, 2010 | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------|------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|---|
| FORM 4 | | | | | | | | | PPROVAL | |
| | UNITED | STATES | | | | | E COMMISSION | N OMB Number: | 3235-028 | 7 |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | January 31, kpires: 2005 stimated average urden hours per sponse 0.5 | |
| (Print or Type Respon | nses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> SCOTT ROBERT G | | | Symbol | er Name an Euronext | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) C/O NYSE EURONEXT, 11 WALL STREET | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/05/2010 | | | | Officer (give title Other (specify below) below) | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| NEW YORK, N | Y 10005 | | | | | | Person | More than One K | eporting | |
| (City) (| State) | (Zip) | Tab | le I - Non- | Derivativ | ve Securities | Acquired, Disposed | of, or Beneficia | lly Owned | |
| | ansaction Date th/Day/Year) | 2A. Deemo Execution any (Month/Da | Date, if | 3. Transactio Code (Instr. 8) Code V | Dispose (Instr. 3 | ed (A) or ed of (D) (A, 4 and 5) (A) or | 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) | |
| Reminder: Report on | a separate line | for each cl | ass of sec | urities bene | ficially o | wned directly | or indirectly. | | | |
| report of | a separate fine | | | | Pers info requ disp | sons who re rmation con uired to resp | espond to the colle tained in this form bond unless the for ently valid OMB co | n are not rm | SEC 1474 (9-02) | |

 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 | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amount of | 8. Pr |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|------------------------|-------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | Underlying Securities | Deriv |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) | Secu |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. | 8) | Acquire (A) or Dispose (D) (Instr. 3 and 5) | d of | | | | | (Inst |
|------------------------------|------------------------------------|-----------------------|------------------|---------|----|------------------------------------------------------------|------|---------------------|--------------------|------------------------------------------------------|----------------------------------------|-------|
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Restricted Stock Units | <u>(1)</u> | 05/05/2010 <u>(2)</u> | | A | | 2,387 | | <u>(1)</u> | <u>(1)</u> | Common Stock, par value \$0.01 per share | 2,387 | \$ |

Reporting Owners

| Reporting Owner Name / Address | | | | |
|-----------------------------------------------------------------------------|------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| SCOTT ROBERT G C/O NYSE EURONEXT 11 WALL STREET NEW YORK, NY 10005 | Х | | | |
| Signatures | | | | |
| /s/ Janet M. Kissane under PO/ 2010 | 05/05/2010 | | | |
| <u>**</u> Signature of Reporting | | 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) RSUs awarded under the NYSE Euronext Omnibus Plan. Each RSU represents the right to receive one share of the Issuer's common stock upon the Reporting Person's termination of service on the Board of Directors for any reason other than termination for cause.
- (2) Pursuant to resolutions of the Issuer's Board of Directors adopted April 29, 2010. The amount of the award was determined in part by reference to the closing price of the Issuer's common stock on May 4, 2010.

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.