## Edgar Filing: Santomassimo Michael P. - Form 4

Santomassim	no Michael P.										
Form 4											
February 21,	2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check thi					Expires:	January 31,					
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							NERSHIP OF	Estimated average burden hours per		
	Section 16. SECURITIES										
Form 4 of Form 5	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						• A • + • f 1024	response	0.5		
obligation							-	E Act of 1934, 1935 or Section	n		
may cont	inue.			vestment	•	· ·			1		
See Instru 1(b).	uction	50(II)	of the m	vestment	compan	y ne	101174				
1(0).											
(Print or Type F	Responses)										
	ddress of Reportin	ng Person <sup>*</sup>						5. Relationship of Reporting Person(s) to Issuer			
Santomassir	no Michael P.		Symbol					155001			
				c of New York Mellon Corp				(Check all applicable)			
			[BK]								
(Month/				Date of Earliest Transaction			Director 10% Owner X Officer (give title Other (specify				
				Month/Day/Year)				below)	a (specify		
225 LIBERTY STREET02/16/2				2017				Sr. Exec.VP & CFO			
(Street) 4. If Ame			mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
Filed(Mon							Applicable Line) _X_ Form filed by One Reporting Person				
NEW VODI	V NV 10296								Iore than One Re		
NEW IORI	K, NY 10286							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Dee	emed 3. 4. Securities Acquired				cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea		Execution Date, if		Transaction(A) or Disposed of (D)			Securities	Form: Direct Indirect		
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		'Day/Year) (Instr. 8)					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V		(D)	Price	(insur 5 und 1)			
Common Stock	02/16/2018			F	1,643 (1)	D	\$ 56.25	30,847	D		
STOCK					(-)		50.25				

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Santomassimo Michael P. 225 LIBERTY STREET NEW YORK, NY 10286			Sr. Exec.VP & CFO					
Signatures								
/s/Craig T. Beazer, Attorney-in-Fact		02/21/2018						
<u>**</u> Signature of Reporting Person		Date						
Explanation of Deenenees								

## **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) Shares withheld in payment of tax liability incident to vesting of previously disclosed Restricted Stock Unit award.

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.