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Form 4												
February 02, 2												
FORM	4 UNITED	STATES		TIES AN nington, I			NGE C	COMMISSIO		3 APPROVAL : 3235-0287		
Check this				8,					Expires:	January 31,		
if no longer subject to Section 16. Form 4 or	SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								ated average n hours per nse 0.5		
Form 5 obligations may contin <i>See</i> Instruct 1(b).	ue. Section 17(a) of the		lity Holdi	ng Com	pany	Act of	e Act of 1934, E 1935 or Secti 40				
(Print or Type Res	sponses)											
1. Name and Address of Reporting Person <u>*</u> Gingrich James A			2. Issuer Name and Ticker or Trading Symbol ALLIANCEBERNSTEIN HOLDING L.P. [AB]					5. Relationship of Reporting Person(s) to Issuer				
	(Check all applicable)											
(Last)	t) (First) (Middle) 3. Date of E (Month/Day				Earliest Transaction v/Year)				Director 10% Owner X Officer (give title Other (specify			
	CEBERNSTEI /ENUE OF TH		01/31/20	-				below) Chie	below) f Operating C			
			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,	NY 10105							Person	wore than on	e Reporting		
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecuri	ties Acq	uired, Disposed	of, or Benefi	cially Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Do Execu any (Month		on Date, if Transaction(A) or Disp Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4			4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(1115111-1)	hu nahhi tayat		
units rep. assignments of beneficial owner. of lp interests (1)	01/31/2018			F	5,986	D	\$ 27.3	1,220,218 (2)	I	by rabbi trust under employee incentive compensation award program		
units rep. assignments of beneficial								60,665 <u>(2)</u>	D			

owner. of lp interests (1)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Gingrich James A C/O ALLIANCEBERNSTEIN L.P. 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105			Chief Operating Officer				
Signatures							
/s/ David M Lesser by pwr							

/s/ David M. Lesser, by pwr. of att'y

02/02/2018

**Signature of Reporting Person

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) Units representing assignments of beneficial ownership of limited partnership interests in AllianceBernstein Holding L.P. ("AB Holding Units").
- (2) On January 31, 2018, 18,930 AB Holding Units previously owned by the Reporting Person through a rabbi trust under an employee incentive compensation award program were distributed. Of these AB Holding Units, 5,986 AB Holding Units were withheld for tax

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purposes and 12,944 AB Holding Units were delivered to him.

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.