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Hanna Howar	rd W. III												
Form 4													
August 03, 20)17												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL				
	UNITE	D STATES				D EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287		
Check this									January 31,				
if no longer subject to STATEMENT OF (CHANGES IN BENEFICIAL OWNERSHI						Expires: Estimated a	2005 average		
Section 16.				SECURITIES						burden hou	irs per		
Form 4 or Form 5			n (* 16		1	a	Б	1	A (\$1024	response	0.5		
obligation	~ [~]							-	ge Act of 1934,				
may conti	nue. Section I		of the Inv	•		•	• •		f 1935 or Sectio	n			
See Instru- 1(b).	ction	50(II)	of the filly	estinen	ιc	Joinpang	y Act	01 19	40				
1(0).													
(Print or Type R	esponses)												
1. Name and Address of Reporting Person <u>2</u> .				2. Issuer Name and Ticker or Trading					5. Relationship of Reporting Person(s) to				
Hanna Howa	Symbol	Symbol					Issuer						
	CITIZENS FINANCIAL GROUP INC/RI [CFG]					UP	(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of	Earliest 7	Fran	nsaction			XDirector		6 Owner		
				(Month/Day/Year)					Officer (give title Other (specify below) below)				
	NS FINANCI		08/01/20	017					,	,			
BLVD.	C., 600 WASI	HINGTON											
DLVD.													
				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				
	Filed(Mont												
STAMFORI	D, CT 06901								Form filed by I Person				
(City)	(State)	(Zip)	Table	I - Non-	Dei	rivative S	lecuri	ties A c	quired, Disposed o	f or Beneficial	lly Owned		
1 Title of	2 Transaction 1	Data 24 Daa		3.		4. Securi			5. Amount of	6. Ownership	-		
1.Title of Security		2. Transaction Date2A. Deemed(Month/Day/Year)Execution Date, if				4. Securi Acquired		r	Securities	Form: Direct			
(Instr. 3)	× J	any	Code Disposed of (D))	Beneficially	(D) or Benefic	Beneficial			
(Month/Day/			Day/Year)	y/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Owned Following	Indirect (I)	Ownership		
										(Instr. 4) (Instr.	(Instr. 4)		
							(A) or		Reported Transaction(s)				
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	08/01/2017			А		418 <u>(1)</u>	Δ	\$0	21,913	D			
Stock	00/01/2017			А		+10 (-)	A	ψŪ	21,715	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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						
	Director	10% Owner	Officer	Other			
Hanna Howard W. III C/O CITIZENS FINANCIAL GROUP, INC. 600 WASHINGTON BLVD. STAMFORD, CT 06901	х						
Signatures							
/s/ Lindsey Cameron, as Attorney-in-Fact	08/03/20	17					
**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) Reflects a restricted stock unit award granted to the filer pursuant to the Citizens Financial Group, Inc. 2014 Non-Employee Directors Compensation Plan.

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.