Edgar Filing: Watson Wendy A. - Form 4

| Watson Wenc Form 4 | • | | | | | | | | | | |
|--|------------------------------------|---|---|--|----------------------------------|--------------------|--|---|--|-----------|--|
| February 16, 2 | Л |) STATES | SECUR | ITIES A | ND EXC | CHAI | NGE | COMMISSION | | PPROVAL | |
| | | SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 5 CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934, | | | | | Number: | 3235-0287 | | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 | er STATE 5. | | | | | | Expires: January 31 2009 Estimated average burden hours per response 0.9 | | | | |
| obligation: may contin <i>See</i> Instruct 1(b). | s Section 17 | (a) of the | | lity Hold | ing Com | pany | Act o | f 1935 or Sectio | on | | |
| (Print or Type Ro | esponses) | | | | | | | | | | |
| (| | | 2. Issuer Name and Ticker or Trading Symbol CITIZENS FINANCIAL GROUP INC/RI [CFG] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. D (Mo | | | 3. Date of (Month/Da | . Date of Earliest Transaction Month/Day/Year) 2/15/2018 | | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | |
| | | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| STAMFORE | D, CT 06901 | | | | | | | Form filed by I Person | More than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | I - Non-D | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | r) Executionany | | 3. Transactio Code (Instr. 8) Code V | Disposed (Instr. 3, Amount | l (A) c l of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/15/2018 | | | А | 2.018 (1) | А | \$0 | 12,919.217 | 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)

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| 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. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 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 | | | |
| Watson Wendy A. C/O CITIZENS FINANCIAL GROUP, INC. 600 WASHINGTON BLVD. STAMFORD, CT 06901 | X | | | | | | |
| Signatures | | | | | | | |
| /s/ Lindsey Cameron, as Attorney-in-Fact | 02/15/20 | 18 | | | | | |
| **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 restricted stock units credited to the reporting person's account following the issuer's dividend payment, pursuant to an 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.