## Edgar Filing: FIFTH THIRD BANCORP - Form 4

FIFTH THIR	D BANCORP										
Form 4											
April 18, 201											
FORM	<b>14</b>		SECUD	TTIES A			NCEC	OMMERION		PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287	
Check thi				,	2.0.20	0.12			Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							20				
subject to Section 16. SECURITIES							Estimated average burden hours per				
Form 4 or Form 5			~ • •		~ ·				response 0.5		
obligation	<b>1</b> 0						•	e Act of 1934,			
may cont	inue. Section 1			vestment	•	· ·	•	1935 or Section	1		
See Instru 1(b).	iction	50(11)	of the m	vestment	compan	ly / ic	101177	10			
(Print or Type R	Responses)										
1 Name and A	ddress of Penortin	a Derson *	<b>2</b> I		<b>7D</b> <sup>1</sup> 1	т I'		5 Delationship of	Deporting Der	on(s) to	
1. Name and Address of Reporting Person *2. IssuePOSTON DANIEL TSymbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Symo			•	TH THIRD BANCORP [FITB]							
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Che				(Chec)	ck all applicable)			
38 FOUNTAIN SQUARE PLAZA 04/17/20							Director 10% Owner X Officer (give title Other (specify below) below)				
				-							
								· · · · · · · · · · · · · · · · · · ·	/P & CSAO		
(Street) 4. If Am			4. If Ame	endment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Mon				nth/Day/Year)				Applicable Line)			
CINCINNA	TI OU 45262							_X_ Form filed by C Form filed by M			
CINCINNA	TI, OH 45263							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 Da	ate 2A. Deer	ned	3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Yea		n Date, if	Transaction(A) or Disposed of (D) Code $(Instr. 2.4 and 5)$				Securities Beneficially	Form: Direct Indirect	Indirect Beneficial	
(IIISU. <i>5)</i>		any (Month/I	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					•		Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	04/17/2014						\$	171 250	D		
Stock	04/17/2014			F <u>(1)</u>	3,174	D	20.95	171,359	D		
Common								5 000 7000	T	1 401/1	
Stock								5,889.7893	Ι	by 401(k)	

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.

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 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. 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 Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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				
POSTON DANIEL T 38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263			EVP & CSAO					
Signatures								
H. Samuel Lind, as Attorney-in-Fac Poston	el T.	04/18/2014						
<u>**</u> Signature of Reporting Pers		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) Shares withheld for taxes upon the vesting of restricted stock granted to the reporting person on April 17, 2012.

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.