Edgar Filing: FIFTH THIRD BANCORP - Form 4

| FIFTH THIR | D BANCORI | Р | | | | | | | | | | |
|------------------------|---|--|---------------|--|---------------|----------|----------------|--|--------------------------|------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| April 16, 201 | 5 | | | | | | | | | | | |
| FORM | FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | | | |
| Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | | |
| Check this box | | | | | | Expires: | January 31, | | | | | |
| subject to | if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | NERSHIP OF | Estimated | 2005 average | | | |
| Section 16. SECURITIES | | | | | | | | burden hou | | | | |
| Form 4 or Form 5 | | | a | | a . | | | | response | 0.5 | | |
| obligation | | • | | | | | | ge Act of 1934, | | | | |
| may conti | | | h) of the Inv | • | • | · · | | of 1935 or Sectio | n | | | |
| See Instru 1(b). | ction | 50(. | ii) of the m | vestment | Compan | y Aci | . 01 19 | 40 | | | | |
| 1(0). | | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | ddress of Report | - | 2. Issuer | Name and | l Ticker or | Tradin | ıg | • | f Reporting Person(s) to | | | |
| WILLIAMS | Symbol | | | | | Issuer | | | | | | |
| | | | FIFTH | THIRD E | BANCOR | P [FI | TB] | (Check all applicable) | | | | |
| (Last) | (First) (Middle) 3. Date of | | | Earliest T | ransaction | | | (0.00 | •) | | | |
| | | _ | (Month/D | • | | | | _X_ Director | | b Owner | | |
| | AIN SQUARE | 3 | 04/14/20 |)15 | | | | Officer (give below) | below) | er (specify | | |
| PLAZA, MD | 0 10A1/6 | | | | | | | | | | | |
| (Street) | | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| File | | | | th/Day/Yea | r) | | | Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| CINCINNA | ГІ, ОН 45263 | | | | | | | | Aore than One R | | | |
| chienan | 11, 011 45205 | · | | | | | | Person | | | | |
| (City) | (State) | (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | lly Owned | | |
| 1.Title of | 2. Transaction | | | 3. | 4. Securities | | | | 6. Ownership | | | |
| Security (Instr. 3) | (Month/Day/Y | ear) Exect any | tion Date, if | TransactionAcquired (A) or Code Disposed of (D) | | | | | Form: Direct D) or | Indirect Beneficial | | |
| (11541. 5) | | | th/Day/Year) | (Instr. 8) (Instr. 3, 4 and 5) | | | | | ndirect (I) | Ownership | | |
| | | | | | | | | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | | (A) | | Reported Transaction(s) | | | | |
| | | | | Cada | 7 Amount | or | Duige | (Instr. 3 and 4) | | | | |
| Common | | | | Code V | | | Price | | | | | |
| Stock (1) | 04/14/2015 | | | А | 5,260 | А | <u>(2)</u> | 41,705 | 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. 3. Transaction Date Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | 5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|-------|--|-----------------------|--|---------------------|--------------------|---|--|---|--|
| Beno | rting O | wners | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| перо | | WHEIG | D.1.4 | | | | | | | | |
| | ing Owner Na | | Relati | onships ner Office | er Other | | | | | | |

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WILLIAMS MARSHA C 38 FOUNTAIN SQUARE PLAZA MD 10AT76 CINCINNATI, OH 45263

Signatures

H. Samuel Lind, as Attorney-in-Fact for Marsha C. Williams

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

X

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

04/16/2015

Date

- (1) Restricted stock units granted pursuant to Fifth Third Bancorp Incentive Compensation Plan subject to vesting upon cessation of the reporting person's service on the Board of Directors of the Issuer.
- (2) Granted pursuant to the Fifth Third Bancorp Incentive Compensation Plan. No consideration paid.

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.