Edgar Filing: ONEILL MICHAEL E - Form 4

ONEILL MI	ICHAEL E											
Form 4	2010											
October 04,												
FORM	SECU	RITIES A	OMB APPROVAL									
	UNITED	SIAILS			, D.C. 20				OMB Number:	3235-0287		
Check th				8	,				Expires:	January 31,		
if no long subject to		MENT O	F CHAN	IGES IN	NERSHIP OF	Estimated average						
Section 16.			SECURITIES						burden hours per			
Form 4 c Form 5			~ • •	<i>c</i> () 0.1	~ .	_			response	0.5		
obligatio							U	e Act of 1934,				
may con	tinue. Section 17			•	con Compan	- ·		1935 or Section	1			
See Instr 1(b).	uction	30(II)	of the fi	ivestillent	. Compan	y Aci	01 194	0				
1(0)												
(Print or Type]	Responses)											
1 Nome and	damage of Domosting	Domoon *						5 Deletionship of	Donostin a Dono	an(a) to		
ONEILL M	Address of Reporting			r Name an	1 Ticker or	Fradin	g	5. Relationship of Reporting Person(s) to Issuer				
			Symbol CITIGE									
			CITIGROUP INC [C]					(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% Owner				
CITIGROU	P INC. CORPO	RATE	10/01/2010					Officer (give title Other (specify				
LAW DEPT., 425 PARK AVENUE			10/01/2010					below)	below)			
2ND FLOO	0R											
(Street) NEW YORK, NY 10043			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mo	nth/Day/Yea	r)			Applicable Line)				
								X Form filed by One Reporting Person Form filed by More than One Reporting				
NEW IOK	K, NY 10045							Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	Securi	ties Acqu	uired, Disposed of,	or Beneficial	y Owned		
1.Title of	2. Transaction Dat	e 2A. Deen	ned	3.	4. Securiti	es Acc	quired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)		n Date, if		on(A) or Dis	-		Securities	Ownership	Indirect		
(Instr. 3)		any (Month/E	Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and 5)	Beneficially Owned	Form: Direct (D) or	Ownership		
		((Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
						or	р.	(Instr. 3 and 4)				
Common				Code V	Amount 7,054.8	(D)	Price \$, , ,		See		
Stock	10/01/2010			А	(1)	А	φ 3.898	43,772.2 <u>(2)</u>	Ι	Footnote		
					_		0.070			2 0001010		
Common Stock								79,938.4	D			
SIUCK												

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Tran: (Inst
				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		
ONEILL MICHAEL E CITIGROUP INC. CORPORATE LAW DEPT. 425 PARK AVENUE 2ND FLOOR NEW YORK, NY 10043	Х					
Signatures						
Michael E. O'Neill by Joseph B. Wollard, Attorney-in-Fact	10/04/2010					
**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) Deferred shares awarded under the Issuer's Compensation Plan for Non-Employee Directors.
- (2) Represents deferred shares of common stock held by the Issuer for the benefit of the Reporting Person pursuant to the Issuer's Compensation Plan for Non-Employee Directors.

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.