Edgar Filing: Subramaniam Shivan S. - Form 4

Subramaniam	n Shivan S.											
Form 4												
April 27, 201	8											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSI									OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this				0 ,					Expires:	January 31,		
if no longe	er STAT	EMENT O	F CHAN	GES IN	BENEFI	CIA	LOW	NERSHIP OF		2005		
	subject to Section 16. SECURITIES								Estimated average burden hours per			
Form 4 or								response				
Form 5	Filed 1	pursuant to S	Section 16	b(a) of th	e Securiti	es Ez	xchang	ge Act of 1934,	·			
obligation may conti		17(a) of the	Public Ut	ility Hold	ding Com	pany	Acto	f 1935 or Sectio	on			
See Instru		30(h)	of the Inv	vestment	Company	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
1. Name and Ad	ddress of Report	ing Person *	2 Issuer	2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
Subramaniar	Symbol	0					Issuer					
	CITIZENS FINANCIAL GROUP INC/RI [CFG]				UP							
					01	(Check all applicable)						
(Last)	(First)	(Middle)	3. Date of		ransaction			X Director	10%	6 Owner		
				(Month/Day/Year)				Officer (give title Other (specify				
C/O CITIZENS FINANCIAL			04/26/2018					below) below)				
GROUP, IN	C., 600 WAS	HINGTON										
BLVD.												
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
				Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
STAMFORI	D, CT 06901							Form filed by l Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Table	I - Non-F)orivativa (Socuri	tios A c	quired, Disposed o	or Bonoficia	lly Owned		
1 77:41 6	о т.						ues Au			•		
1.Title of Security	2. Transaction (Month/Day/Y							5. Amount of Securities	6. Ownership Form: Direct			
(Instr. 3)	(Wonth Day)	any	on Date, if TransactionAcquired (A) or Code Disposed of (D)					Beneficially	(D) or	Beneficial		
(,		•	(Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			Owned	Indirect (I)					
							Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)				
						or		(Instr. 3 and 4)				
G				Code V	Amount	(D)	Price	(Linear e una 1)				
Common	04/26/2018			А	2,977	А	\$0	35,896.217	D			
Stock					(1)							

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. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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						
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other			
Subramaniam Shivan S. C/O CITIZENS FINANCIAL GROUP, INC. 600 WASHINGTON BLVD. STAMFORD, CT 06901	х						
Signatures							
/s/ Lindsey Cameron, as Attorney-in-Fact	04/26/20	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 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.