Edgar Filing: Invesco Ltd. - Form 4

| Invesco Ltd. Form 4 May 03, 201 | 6 | | | | | | | | | |
|--|--|-------------------------|--|-------------|------------------------|---|----------------------------|----------------------------------|-------------------------|--|
| FORM | 1 / | | | | | | | | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | | |
| Check this box | | | | | | | Expires: | January 31, | | |
| if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNER | | | | | | NERSHIP OF | Estimated a | 2005 average | | |
| Section 1 | | | | | | | | burden hours per response 0.5 | | |
| Form 5 | Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | | 0.5 | |
| obligation | ¹⁸ Section $17(a)$ | of the Public Ut | · · · | | | | | n | | |
| may cont See Instru | inue. | 30(h) of the Inv | - | - | | | | | | |
| 1(b). | | | | | | | | | | |
| (Drint or Type I | (action of the second sec | | | | | | | | | |
| (Print or Type F | (esponses) | | | | | | | | | |
| 1. Name and A | ddress of Reporting Per | rson <u>*</u> 2. Issuer | Name and | Ticker or 7 | Гradin | g | 5. Relationship of | f Reporting Per | son(s) to | |
| Johnson Ben F. III Symbol | | | e e e e e e e e e e e e e e e e e e e | | | Issuer | | | | |
| | vesco Ltd. [IVZ] | | | | (Check all applicable) | | | | | |
| (Last) | (First) (Mid | Idle) 3. Date of | 3. Date of Earliest Transaction | | | | (Check an appreadie) | | | |
| | | | onth/Day/Year) | | | X_ Director 10% Owner Officer (give title Other (specify | | | | |
| 1555 PEACHTREE STREET 04/29/20 NE, SUITE 1800 | | | /2016 <u>— officer (gr</u> below) | | | | below) | er (speeny | | |
| | | | | | | | | (61 1 | | |
| | | | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| _X_ Form fi | | | | | | _X_ Form filed by | One Reporting Person | | | |
| ATLANTA, GA 30309 — Form filed by More than One Reporting Person | | | | | | | eporting | | | |
| (City) | (State) (Zi | ^(p) Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securi | ties | | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | | Execution Date, if | TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) | | | | Securities | Form: Direct | | |
| (Instr. 3) | | any (Month/Day/Year) | | | | | • | (D) or Indirect (I) | Beneficial Ownership | |
| | | | | × , | Following | | (Instr. 4) | (Instr. 4) | | |
| | | | | | (A) | | Reported Transaction(s) | | | |
| | | | Code V | Amount | or | Price | (Instr. 3 and 4) | | | |
| Common | | | | | | | | - | | |
| Shares | 04/29/2016 | | А | 1,168 | А | \$0 | 27,411 | 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. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | ; | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|---|--|---|---|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| 1555 PEACHTREE STREET NE SUITE 1800 ATLANTA, GA 30309 Signatures /s/ Robert H. Rigsby, as Attorney | Director | 10% Owner | Officer | Other | | | |
| Johnson Ben F. III 1555 PEACHTREE STREET NE SUITE 1800 ATLANTA, GA 30309 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Robert H. Rigsby, as Attorney in Fact | | 05/03/201 | 16 | | | | |
| **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).

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.