Edgar Filing: BARR WILLIAM P - Form 4

| BARR WIL | LIAM P | | | | | | | | | | | |
|---|--|---|---|---|---|----------|---------------|--|--|--|--|--|
| Form 4 January 03, | 2018 | | | | | | | | | | | |
| FORN | ЛЛ | | SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549 | | | | | | PPROVAL 3235-0287 | | | |
| Check t if no lou subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b). | nger to 16. or Filed put ons ntinue. | Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | Expires: January 3 Expires: 200 Estimated average burden hours per response 0. | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| BARR WILLIAM P Symb Och- | | | | ssuer Name and Ticker or Trading ool -Ziff Capital Management Group C [OZM] | | | | 5. Relationship of Reporting Person(s) to Issuerp (Check all applicable) | | | | |
| MANAGE | (First) (F CAPITAL MENT GROUP I TH STREET, 39T | | | Day/Year) | Fransaction | | | X Director Officer (giv below) | e title 104 below) | % Owner her (specify | | |
| Filed(Mo | | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| NEW YOF | RK, NY 10019 | | | | | | | Person | wore than one R | eporting | | |
| (City) | (State) | (Zip) | Tal | ole I - Non- | Derivative | Secur | ities A | cquired, Disposed o | of, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | ansaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year) | | | 4. Securiti on(A) or Dis (Instr. 3, 4 | posed | of (D) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Class A Shares | 01/02/2018 | | | Code V A | Amount 46,642 (1) | (D) A | Price \$ 0 | | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | Secur | 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 | | |
| BARR WILLIAM P OCH-ZIFF CAPITAL MANAGEMENT GROUP LLC 9 WEST 57TH STREET, 39TH FLOOR NEW YORK, NY 10019 | х | | | | | |
| Signatures | | | | | | |
| /s/ Wayne N. Cohen, Attorney-in-fact for William P Barr | 01/0 |)3/2018 | | | | |
| <u>**</u> 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).

The amount shown represents Class A Restricted Share Units granted to the Reporting Person on January 2, 2018. Each Class A
(1) Restricted Share Unit represents the contingent right to receive one of the Issuer's Class A Shares upon vesting. The Class A Restricted Shared Units will vest, subject to certain limited exceptions, on January 1, 2019.

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.