Edgar Filing: FIFTH THIRD BANCORP - Form 4

FIFTH THIR	D BANCORF)										
Form 4												
April 21, 201	6											
FORM	4 INTE	р статр	SECUD	TTEC A		TT A T	NCE	COMMISSION	r	PPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer									Expires:	January 31, 2005		
subject to			CIA	LOW	NERSHIP OF	Estimated a						
Section 16. Form 4 or				SECUR	TIES				burden hou			
Form 5		oursuant to S	Section 16	b(a) of the	e Securiti	es Ez	chang	ge Act of 1934,	response	0.5		
obligation	^s Section 1						-	f 1935 or Sectio	n			
may contin <i>See</i> Instruc 1(b).		30(h)	of the Inv	vestment (Company	y Act	of 19	40				
(Print or Type R	esponses)											
MEIJER HENDRIK G Symbol			uer Name and Ticker or Trading bl				5. Relationship of Reporting Person(s) to Issuer					
			FIFTH 7	THIRD BA	ANCOR	P [FI	TB]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(-)		
38 FOUNTAIN SQUARE PLAZA 04/19/20 (Street) 4. If Amer			Month/Day/Year))4/19/2016									
			4. If Amer	If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
			Filed(Mont					Applicable Line) _X_ Form filed by One Reporting Person				
CINCINNAT	ГІ, ОН 45263							_X_ Form filed by 0 Form filed by N Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			or))	5. Amount of Securities Beneficially Owned		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Stock (1)	04/19/2016			А	5,522	А	<u>(2)</u>	86,767 <u>(3)</u>	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 Derivative2. 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amor Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
Repor	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
			Relation	nships							

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Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			
MEIJER HENDRIK G 38 FOUNTAIN SQUARE PLAZA CINCINNATI, OH 45263	Х						
Signatures							
H. Samuel Lind, as Attorney-in-Fac Meijer	04/21/2016						
<u>**</u> Signature of Reporting Per	Date						
Evalenction of Doon	0 M 0 0	~ .					

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) 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. Vested shares will be delivered to the reporting person in 5 equal annual installments beginning one year after cessation of the reporting person's service on the Board of Directors of the Issuer.

(2) Granted pursuant to Fifth Third Bancorp Incentive Compensation Plan. No consideration paid.

(3) Includes 152 shares acquired pursuant to dividend reinvestments since the date of the reporting person's last ownership report.

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.