

NORTHERN TRUST CORP
 Form 3
 May 15, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person * Blake Aileen B (Last) (First) (Middle) 50 SOUTH LASALLE STREET (Street) CHICAGO, IL 60603 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/15/2017	3. Issuer Name and Ticker or Trading Symbol NORTHERN TRUST CORP [NTRS]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) EVP and Controller	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	9,958 ⁽¹⁾	D	∆
Common Stock	17,172	I	By Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (right-to-buy)	02/11/2014 ⁽²⁾	02/11/2023	Common Stock	6,762	\$ 52.69	D	Â
Employee Stock Option (right-to-buy)	02/10/2015 ⁽³⁾	02/10/2024	Common Stock	6,163	\$ 60.85	D	Â
Employee Stock Option (right-to-buy)	02/17/2016 ⁽⁴⁾	02/17/2025	Common Stock	5,935	\$ 70.21	D	Â
Employee Stock Option (right-to-buy)	02/16/2017 ⁽⁵⁾	02/16/2026	Common Stock	7,281	\$ 58.25	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Blake Aileen B 50 SOUTH LASALLE STREET CHICAGO, IL 60603	Â	Â	Â EVP and Controller	Â

Signatures

Bradley R. Gabriel, Attorney-in-Fact for Aileen B. Blake
05/15/2017

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Represents stock units payable automatically on a 1-for-1 basis in shares of the Corporation's common stock.
- (2) This option became exercisable in four equal annual installments beginning 2/11/2014.
- (3) This option becomes exercisable in four equal annual installments beginning 2/10/2015.
- (4) This option becomes exercisable in four equal annual installments beginning 2/17/2016.
- (5) This option becomes exercisable in four equal annual installments beginning 2/16/2017.

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.