Edgar Filing: Whiting Susan D - Form 4

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Form 4													
March 22, 20	13												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL			
		ED STATE					NGE (COMMISSION		3235-0287			
Check this box Washington, D.C. 20549								Number:					
if no longer						CIAI			Expires:	January 31, 2005			
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL						LOW	DWNERSHIP OF Estimated average					
Section 10			5.	ECURI	TIES				burden hours per				
Form 4 or Form 5									response	0.5			
	Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
may conti	nue.) of the Invest	•	•)11				
See Instru 1(b).	ction	1)0C) of the myes	suncher	Joinpany	Act	0117						
1(0).													
(Print or Type R	esponses)												
1. Name and Address of Reporting Person <u>2</u> . Issuer Name and Ticker or Trading 5. Relation						5. Relationship of	f Reporting Per	Reporting Person(s) to					
Whiting Sus	Symbol	Symbol				Issuer							
			Nielsen Ho	Nielsen Holdings N.V. [NLSN]				(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of Ea	arliest Tra	nsaction			(Cheo	ck all applicable	2)			
	(Month/Day/	(Month/Day/Year) 03/20/2013				Director	109	6 Owner					
							X_ Officer (give title Other (specify below) below)						
						below) below) Vice Chairperson							
				f Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check					
								Applicable Line)					
								One Reporting Person					
NEW YORK	K, NY 10003							Form filed by N	More than One R	eporting			
								Person					
(City)	(State)	(Zip)	Table I	- Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned			
1.Title of	2. Transaction	Date 2A. De						5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Y		on Date, if TransactionAcquired (A) or Code Disposed of (D) (Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Securities	Form: Direct	Indirect			
(Instr. 3)		any (Month						Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
(Month/Day/Year) (Instr.					(1150.5,	i una	5)	Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported					
						or		Transaction(s) (Instr. 3 and 4)					
			(Code V	Amount	(D)	Price	(msu. 5 and 4)					
Common	03/20/2013			А	46.16	А	\$0	99,046.16	D				
Shares	20,20,2010				(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)

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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. Transacti Code (Instr. 8)	5. ofNumber 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 Secu Bene Owna 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			
Whiting Susan D 770 BROADWAY NEW YORK, NY 10003			Vice Chairperson				
Signatures							
/s/ Harris Black, authorized signatory		03/22/201	3				
<u>**</u> Signature of Reporting Person		Date					
Evaluation of Responses:							

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) Represents dividend equivalent rights in connection with the Issuer's quarterly dividend and accrued to the reporting person on restricted stock units granted in July 2012.

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.