Edgar Filing: Nielsen Holdings plc - Form 4

| Form 4 | ings plc | | | | | | | | | | |
|--|---|---|--|--|---|----------|---|--|--|---|--|
| December 08 | , 2016 | | | | | | | | | | |
| FORM | 4 UNITED S | STATES | | | | | IGE (| COMMISSION | | 9PROVAL 3235-0287 | |
| Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATEM 5. Filed pur ¹⁵ Section 17(a | 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 | | | | | | | burden hou response | Expires:January 31Extimated averageburden hours perresponse0. | |
| (Print or Type R | esponses) | | | | | | | | | | |
| | | | 2. Issuer Name and Ticker or Trading Symbol Nielsen Holdings plc [NLSN] | | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) C/O NIELSE BROAD ST | EN HOLDINGS | Aiddle) PLC, 85 | 3. Date of (Month/Da 12/06/20 | - | ansaction | | | Director X Officer (giv below) | | o Owner er (specify | |
| Filed(Mor | | | f Amendment, Date Original d(Month/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 YORK | K, NY 10004 | | | | | | | Person | | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | ecurit | ties Acq | uired, Disposed o | of, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio any | med n Date, if Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securit on(A) or Dis (D) (Instr. 3, 4 | sposed | l of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 12/06/2016 | | | Code V A | Amount 724.85 | (D) A | Price \$ 0 | (Instr. 3 and 4) 224,202.02 | 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | (Month/Day/Year) ve ss i | | Amou Under Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|-----------------------------------|--------------------|------------------------|---|---|--|
| | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|------------|-------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Barns Dwight C/O NIELSEN HOLDINGS PLC 85 BROAD STREET NEW YORK, NY 10004 | | | Chief Executive Officer | | | | | |
| Signatures | | | | | | | | |
| /s/ Harris Black, Authorized Signatory | | 12/08/2016 | | | | | | |
| ** 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).
- (1) Represents dividend equivalent rights in connection with the Issuer's quarterly dividend and accrued to the reporting person on restricted stock units.

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.