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Nielsen Holdings plc Form 4 April 03, 2017						
FORM 4 UNITED STATES		OMB APPROVAL				
UNITED STATES	SECURITIES AND EXCHANGE (Washington, D.C. 20549	COMMISSION OMB Number: 3235-0287				
Check this box if no longer		Expires: January 31,				
subject to STATEMENT O	F CHANGES IN BENEFICIAL OW	NERSHIP OF Estimated average 2005				
Section 16.	SECURITIES	burden hours per				
Form 4 or Form 5 Filed pursuant to 9		response 0.5				
abligations Filed pursualit to	Section 16(a) of the Securities Exchange					
may continue. Section 17(a) of the	Public Utility Holding Company Act of					
bee motification	of the Investment Company Act of 19	Ю				
1(b).						
(Print or Type Responses)						
1. Name and Address of Reporting Person $\frac{*}{}$	5. Relationship of Reporting Person(s) to					
CALHOUN DAVID L	Symbol	Issuer				
	Nielsen Holdings plc [NLSN]	(Check all applicable)				
(Last) (First) (Middle)	3. Date of Earliest Transaction	(cheen an applicatio)				
	(Month/Day/Year)	_X_Director10% Owner				
C/O NIELSEN HOLDINGS PLC, 85	03/31/2017	Officer (give titleOther (specify below) below)				
BROAD STREET						
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check				
	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person				
NEW YORK, NY 10004		Form filed by More than One Reporting				
NEW TOXK, IVI 10004		Person				
(City) (State) (Zip)	Table I - Non-Derivative Securities Acc	uired, Disposed of, or Beneficially Owned				
1.Title of 2. Transaction Date 2A. Deen	ned 3. 4. Securities Acquired	5. Amount of 6. 7. Nature of				
Security (Month/Day/Year) Execution		Securities Ownership Indirect				
(Instr. 3) any (Month/I	Code (Instr. 3, 4 and 5) Pay/Year) (Instr. 8)	BeneficiallyForm: DirectBeneficialOwned(D) orOwnership				
(NORMAL)	ay real) (list. 0)	Following Indirect (I) (Instr. 4)				
	(A)	Reported (Instr. 4)				
	or	Transaction(s) (Instr. 3 and 4)				
	Code V Amount (D) Price	(mou. 5 and 1)				
Common 03/31/2017 Stock	A $\frac{484.14}{(1)}$ A $\frac{\$}{41.31}$	507,445.382 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other CALHOUN DAVID L C/O NIELSEN HOLDINGS PLC Х **85 BROAD STREET** NEW YORK, NY 10004 Signatures /s/ Emily Epstein, Authorized 04/03/2017 Signatory **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).
- Represents deferred stock units issued to the Reporting Person at the closing trading price as of March 31, 2017 in lieu of cash compensation pursuant to the terms of the Directors Deferred Compensation Plan (the "Plan"). Each deferred stock unit represents (1) one share of Nielsen common stock and is fully vested. The shares subject to the units will be issued to the Reporting Person at a future date in accordance with the terms of the Plan, and the Reporting Person's plan election.

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.