Edgar Filing: POZEN ROBERT C - Form 4

POZEN ROE	BERT C									
Form 4										
January 02, 2	2019									
FORM	14							OMB AF	PROVAL	
	UNITED	STATES SH	ECURITIES A Washington			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer STATEMENT			F CHANGES IN BENEFICIAL OWNER				NERSHIP OF	Expires:	January 31, 2005	
subject to Section 1	SECU	SECURITIES				Estimated average burden hours per				
Form 4 or Form 5		anant ta Caat	(a, b, b) = 16(a)	. Carrie	ing E		• A et ef 1024	response	0.5	
obligation	• · · · ·		tion 16(a) of th			-	E Act of 1954, 1935 or Section	,		
may conti <i>See</i> Instru 1(b).	inue.		the Investment					I		
(Print or Type R	Responses)									
1. Name and Address of Reporting Person *2. IssuerPOZEN ROBERT CSymbol				er Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer			
Nielsen			elsen Holding	s plc [NL	SN]		(Check all applicable)			
(Last) (First) (Middle) 3. Date of			Date of Earliest T	of Earliest Transaction						
9 ARLINGTON STREET 12/31/2 (Street) 4. If Ame			lonth/Day/Year)	-			_X_ Director 10% Owner			
			2/31/2018				Officer (give title Other (specify below) below)			
			If Amendment, D	nendment, Date Original			6. Individual or Joint/Group Filing(Check			
			ed(Month/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON, N	MA 02116						_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Table I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	a Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) ay/Year) (Instr. 8)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common				Amount 1,018	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)			
Stock	12/31/2018		А	<u>(1)</u>	А	ф 23.33	221,065.737	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)

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1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exer Expiration D		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	•	any (Month/Day/Year)	Code (Instr. 8)	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Year)	Underlying Securities (Instr. 3 and	Security (Instr. 5) 4)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title Amou or Numb of Shares	ber	

Reporting Owners

Reporting Owner Name / Address	Relationships						
i B	Director	10% Owner	Officer	Other			
POZEN ROBERT C 9 ARLINGTON STREET BOSTON, MA 02116	Х						
Signatures							
/s/ Emily Epstein, Authorized Signatory	01/02/2019						
**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 December 31, 2018 in lieu of cash compensation pursuant to the terms of the Directors Deferred Compensation Plan (the "Plan"). Each deferred stock unit represents one

(1) 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.