#### NORTHERN TRUST CORP

Form 4 July 07, 2014

# FORM 4

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

**OMB APPROVAL** OMB

Check this box if no longer subject to

3235-0287 Number: January 31, Expires:

2005

Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per

obligations may continue. See Instruction

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

response... 0.5

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Schreuder Jana R |          |          | 2. Issuer Name and Ticker or Trading Symbol NORTHERN TRUST CORP [NTRS] | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable) |  |  |  |
|---|----------|----------|--|---|--|--|--|
| (Last)  | (First)  | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)                       | Director 10% Owner X Officer (give title Other (specify                     |  |  |  |
| 50 SOUTH LASALLE STREET   |          | TREET    | 07/03/2014   | below) below) President/Wealth Management                                   |  |  |  |
|   | (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                     |  |  |  |
| CHICAGO, IL 60603   |          |          |  | Form filed by More than One Reporting Person                                |  |  |  |
| (City)  | (State)  | (Zip)    | Table I - Non-Derivative Securities A                                  | cquired, Disposed of, or Beneficially Owned                                 |  |  |  |

| (City)                               | (State) (Z                           | Zip) Table  | I - Non-D                               | erivative S   | Securi           | ties Ac | quired, Disposed   | of, or Beneficia   | lly Owned   |
|--------------------------------------|--------------------------------------|---|---|---|------------------|---------|--|--|---|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 3.<br>Transaction<br>Code<br>(Instr. 8) | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                  |         | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                      |                                      |   | Code V                                  | Amount  | (A)<br>or<br>(D) | Price   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                   |  |   |
| Common<br>Stock                      | 07/03/2014                           |   | S(1)                                    | 3,641   | D                | \$ 65   | 21,435   | I  | By Trust  |
| Common<br>Stock                      |                                      |   |   |   |                  |         | 11,789   | I  | GRAT  |
| Common<br>Stock (2)                  |                                      |   |   |   |                  |         | 38,990   | D  |   |
| Common<br>Stock                      |                                      |   |   |   |                  |         | 10,051.59  | I  | 401(k) as of 6/30/14                                  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

#### Edgar Filing: NORTHERN TRUST CORP - Form 4

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.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative |             | 3. Transaction Date (Month/Day/Year) |                      | 4.<br>Transacti    | 5.<br>onNumber   | 6. Date Exerc<br>Expiration D |                    | 7. Title        |                            | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|-------------|--------------------------------------|----------------------|--------------------|------------------|-------------------------------|--------------------|-----------------|----------------------------|------------------------|---|
| Security<br>(Instr. 3) | or Exercise |                                      | any (Month/Day/Year) | Code<br>(Instr. 8) | of (Month/Day/Ye |                               |                    | Under<br>Securi | lying                      | Security (Instr. 5)    | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |             |                                      |                      | Code V             | (A) (D)          | Date<br>Exercisable           | Expiration<br>Date | Title           | Amount or Number of Shares |                        |   |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Schreuder Jana R 50 SOUTH LASALLE STREET CHICAGO, IL 60603

President/Wealth Management

### **Signatures**

Darren C. Baker, Attorney-in-Fact for Jana R. Schreuder

07/07/2014

\*\*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) This transaction was effected pursuant to a trading plan adopted in accordance with SEC Rule 10b5-1.
- (2) Represents stock units payable automatically on a 1-for-1 basis in shares of the Corporation's common stock.

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.

Reporting Owners 2