Edgar Filing: WINTRUST FINANCIAL CORP - Form 4

| WINTRUST Form 4 February 27, | FINANCIAL CORP | | | | | | | | |
|--|--|---|-----------------------|--|-------------|---|---|--|--|
| • | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or | er STATEMEN 6. | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | |
| Form 5 obligation may conti | Form 5 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 | | | | | | | | |
| (Print or Type R | Responses) | | | | | | | | |
| LARSON DAVID L Symbol | | | | er or Tradir CIAL CO | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D 9700 WEST HIGGINS, 8TH 02/23/24 FLOOR | | | est Transac ear) | tion | | Director 10% Owner X Officer (give title Other (specify below) below) below) EXECUTIVE VICE PRESIDENT | | | |
| (Street) 4. If Amendmen Filed(Month/Day | | | Day/Year) Applicable | | | | ual or Joint/Group Filing(Check Line) filed by One Reporting Person | | |
| ROSEMON | T, IL 60018 | | | | | Form filed by M Person | ore than One Re | porting | |
| (City) | (State) (Zip) | Table I - N | lon-Deriva | tive Secur | ities Acq | uired, Disposed of, | or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. (Month/Day/Year) Exe any (Mo | nth/Day/Year) | saction(A) e (Inst | ecurities Ad or Disposed tr. 3, 4 and (A) or ount (D) | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 02/23/2017 | F | 241 | | \$ 74.83 | 8,093 | 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde 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 | (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 | | | |
| LARSON DAVID L 9700 WEST HIGGINS, 8TH FLOOR ROSEMONT, IL 60018 | | | EXECUTIVE VICE PRESIDENT | | | | |
| Signatures | | | | | | | |
| /s/Kathleen M. Boege, Attorney-in-fact | 02/27/2017 | | | | | | |
| **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).

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.