## Edgar Filing: Nielsen Holdings N.V. - Form 4

Nielsen Hol Form 4 April 01, 20	14									
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB									
Washington, D.C. 20549						OMB Number:	3235-0287			
Check th if no lon	-					Expires:	January 31, 2005			
subject t		NGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Estimated a	verage		
Section 16. Section 4 or				SECONTIES				burden hour response	s per 0.5	
Form 5 obligation		t to Section 16				U				
obligations may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(b) of the Investment Company Act of 1940										
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).										
	D \									
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u></u> 2. Issuer Name <b>and</b> Ticker or Trading					ıg	5. Relationship of Reporting Person(s) to				
POZEN RO	Symbol				,	Issuer				
(1 4)			Nielsen Holdings N.V. [NLSN]				(Check all applicable)			
			te of Earliest Transaction (th/Day/Year)			X_ Director 10% Owner				
C/O MFS INVESTMENT 03/31/20			-			Officer (give titleOther (specify below) below)				
MANAGE	MENT, 500 BOYLST						, ,	,		
			endment, Date Original onth/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			
BOSTON,	MA 02116						Person	ore than One Rej	porting	
(City)	(State) (Zip)	Table	e I - Non-D	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	an	ecution Date, if	Code	4. Securit on(A) or Dis (Instr. 3, 4	sposed	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/31/2014		Code V $A(1)$	Amount 532.15 (1)	(D) A	Price \$ 44.63	(Instr. 3 and 4) 187,908.9	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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) tive ies ed ed 3,		Amou Unde Secur	le and int 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**

<b>Reporting Owner Name / Address</b>		Relationships						
	Director	10% Owner	Officer	Other				
POZEN ROBERT C C/O MFS INVESTMENT MANAGEMEN 500 BOYLSTON BOSTON, MA 02116	VT X							
Signatures								
/s/ Harris Black, authorized signatory	04/01/2014							
<u>**</u> 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 deferred stock units issued to the Reporting Person at the closing trading price as of March 31, 2014 in lieu of cash compensation pursuant to the terms of the Directors Deferred Compensation Plan (the "Plan"). Each deferred stock unit represents 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.