Edgar Filing: Nielsen N.V. - Form 4

Nielsen N.V Form 4 October 01,										
FORM	ΠΔ							OMB AF	PROVAL	
CONIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box								Expires:	January 31,	
subject to statement of changes in BENEFICIAL OWNERS						NERSHIP OF	Estimated average			
	Section 16. SECURITIES						burden hours per			
Form 4 o	or							response	0.5	
Form 5	-					•	e Act of 1934,			
obligatic may con	tinue. Section 17(a) of		•	•	· ·			n		
See Instr		0(h) of the I	nvestment	t Compan	y Ac	t of 194	0			
1(b).										
	D \									
(Print or Type)	Responses)									
1. Name and Address of Reporting Person _2. Issuer Name and POZEN ROBERT CSymbol				Name and Ticker or Trading 5. Relationship of Issuer			Reporting Person(s) to			
			lsen N.V. [NLSN]				(Chaolt all applicable)			
			of Earliest T	ransaction	(Check all applicable)					
			onth/Day/Year)			_X_ Director 10% Owner				
C/O MFS INVESTMENT 09/30/2			-			Officer (give title Other (specify				
MANAGE	MENT, 500 BOYLST	ON					below)	below)		
	(Street)	4. If Am	endment, D	ate Origina	1		6. Individual or Jo	int/Group Filin	g(Check	
			onth/Day/Year)			Applicable Line)				
			X Form filed by				_X_ Form filed by C	One Reporting Person		
					Form filed by M Person	ore than One Reporting				
	(0,) (7')						reison			
(City)	(State) (Zip)	Tab	le I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction Date 2A.		3.	4. Securit			5. Amount of	6.	7. Nature of	
Security		cution Date, if	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)			Securities	Ownership	Indirect		
(Instr. 3)	any (Ma	onth/Day/Vear)				5)	Beneficially Owned	Form: Direct Beneficia (D) or Ownersh	Beneficial Ownership	
(Wonth Day Tear)			(IIISU: 8)				Following	Indirect (I)	(Instr. 4)	
					(\mathbf{A})		Reported	(Instr. 4)	~ /	
					(A) or		Transaction(s)			
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	09/30/2014		A <u>(1)</u>	535.75	А	\$	191,877.04	D		
Stock	09/30/2014		$A^{(1)}$	(1)	A	44.33	191,077.04	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 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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		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	10/01/2014							
**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).

Represents deferred stock units issued to the Reporting Person at the closing trading price as of September 30, 2014 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.