ARMSTRONG C MICHAEL

Form 4 January 04, 2005

Check this box

if no longer

Section 16.

Form 4 or

obligations

Form 5

subject to

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

OMB 3235-0287 Number:

OMB APPROVAL

January 31, Expires:

2005

0.5

Estimated average burden hours per response...

5. Relationship of Reporting Person(s) to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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

2 Jaguar Nama and Tiakar or Trading

SECURITIES

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Stock

Common

Common

01/01/2005

(Print or Type Responses)

1. Name and Address of Reporting Person *

ARMSTRONG C MICHAEL (Last) (First) (Middle) C/O CITIGROUP INC. CORPORATE LAW DEPT., 425 PARK AVENUE, 2ND FLOOR				2. Issuer Name and Ticker or Trading Symbol CITIGROUP INC [C] 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2005						(Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)			
	NEW TORK	X, N Y 10043								Person			
	(City)	(State)	Zip)	Table	e I - No	n-D	erivative (Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr.	8)	4. Securit rn(A) or Di (Instr. 3,	spose	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	01/01/2005			A		812 (1)	A	\$ 46.18	98,537.6 (2)	I	See footnote (2).	
	Common Stock	01/01/2005			J		601.3 (3)	A	\$ 46.18	99,138.9 (2)	I	See footnote	

246.7

99,385.6 (2)

D

5,745

(2).See

(2).

footnote

Stock

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv

Secu

Bene Own Follo Repo Trans (Insti

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. Transac Code (Instr. 8	5. tiorNumber of Derivativ Securitie Acquirec (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day, ve s i	ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)
			Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

ARMSTRONG C MICHAEL C/O CITIGROUP INC. CORPORATE LAW DEPT. 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10043



Signatures

C. Michael Armstrong by Glenn S. Gray, 01/04/2005 Attorney-in-Fact

> **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) Shares awarded under the Issuer's Compensation Plan for Non-Employee Directors.
 - Represents deferred shares of common stock held by the Issuer for the benefit of the Reporting Person pursuant to the Issuer's
- Compensation Plan for Non-Employee Directors and The Travelers Insurance Company Deferred Compensation Plan for Non-Employee Directors.

Reporting Owners 2

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- (3) Reinvestment of cash, including dividends and interest, under the Compensation Plan for Non-Employee Directors.
- (4) Reinvestment of cash, including dividends and interest, under The Travelers Insurance Company Deferred Compensation Plan for Non-Employee Directors.

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.