Edgar Filing: FIRST MIDWEST BANCORP INC - Form 4

FIRST MIDV Form 4 October 24, 2	VEST BANCORP I 2016	INC								
FORM	1							OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check thi if no long	or		~~~~		~			Expires:	January 31, 2005	
subject to Section 1	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						NERSHIP OF	Estimated average burden hours per		
Form 4 or Form 5		ant to Section 1	f(a) = f(b)	- Coounit	as E	vohono	Λ at of 1024	response	0.5	
obligatior may conti <i>See</i> Instru 1(b).	Section $17(a)$ of the section $17(a)$ of th	ant to Section 10 of the Public Ut 30(h) of the In	ility Hold	ling Com	ipany	Act of	1935 or Section	1		
(Print or Type R	lesponses)									
Modruson Frank Blaise Symbol			r Name and Ticker or Trading MIDWEST BANCORP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)(First)(Middle)3. Date of (Month/Date)ONE PIERCE PLACE, SUITE 150010/20/20			-				_X_ Director 10% Owner Officer (give title Other (specify below) below)			
			endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ITASCA, IL	60143						Form filed by M Person	ore than One Rep	porting	
(City)	(State) (Zip	^{o)} Table	e I - Non-D	erivative S	Securi	ities Acq	uired, Disposed of,	or Beneficial	v Owned	
1.Title of Security (Instr. 3)	aı		3. Transactio Code (Instr. 8)	4. Securit	ies Ac sposec	cquired d of (D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	10/20/2016		А	640 <u>(1)</u>	А	\$ 19.55	640	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. Transact Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		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	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Funct, Huntess	Director	10% Owner	Officer	Other				
Modruson Frank Blaise ONE PIERCE PLACE SUITE 1500 ITASCA, IL 60143	Х							
Signatures								
Andrea L. Stangl, Attorney-in- Modruson	10/24/2016							
<u>**</u> Signature of Reporting		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).

Award of stock granted pursuant to the Amended and Restated First Midwest Bancorp, Inc. Non-Employee Director Stock Plan. This award represents the first payment for 2016 of the equity portion of the Reporting Person's annual director compensation, which is paid in

(1) equal installments on a quarterly basis and may be paid, at the Reporting Person's option, in cash or stock. The number of shares represented by this award was determined by dividing the dollar value of the award granted to the Reporting Person by the price shown, which is the average high and low sale price of one share of the Issuer's Common Stock on the date of grant.

Remarks:

Exhibit 24 - Power-of-Attorney

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.

Date