

DST SYSTEMS INC
Form 5
January 19, 2016

FORM 5

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Form 3 Holdings Reported Form 4 Transactions Reported

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer	
TOWLE STEVEN J			DST SYSTEMS INC [DST]		(Check all applicable)	
(Last)	(First)	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) President & CEO of Subsidiary	
333 WEST 11TH STREET			12/31/2012		6. Individual or Joint/Group Reporting	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)		(check applicable line)	
KANSAS CITY, MO 64105					<input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person	
(City)	(State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D) Price			

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

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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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. De

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Derivative Security					or Disposed of (D) (Instr. 3, 4, and 5)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares
	(A)	(D)	(A)	(D)						
Phantom Stock	Â	03/13/2015	Â	J ⁽²⁾	3.54	Â	Â (1)	Â (1)	Common Stock	3.54
Phantom Stock	Â	06/12/2015	Â	J ⁽²⁾	3.055	Â	Â (1)	Â (1)	Common Stock	3.055
Phantom Stock	Â	09/11/2015	Â	J ⁽²⁾	3.599	Â	Â (1)	Â (1)	Common Stock	3.599
Phantom Stock	Â	12/11/2015	Â	J ⁽²⁾	3.263	Â	Â (1)	Â (1)	Common Stock	3.263

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
TOWLE STEVEN J 333 WEST 11TH STREET KANSAS CITY, MO 64105	Â	Â	Â	President & CEO of Subsidiary

Signatures

Randall D. Young for Steven J. Towle by power of attorney 01/19/2016

__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).

Each share of phantom stock is the economic equivalent of one share of DST Systems, Inc. common stock. The phantom shares were
 (1) issued pursuant to the Boston Financial Data Services, Inc. (BFDS) Officers Deferred Compensation Plan. Phantom shares are settled in cash on a schedule determined by the Reporting Person during his service with BFDS.

(2) Phantom shares were issued by Issuer as quarterly dividends and should have been reported previously on a Form 4.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.