### Edgar Filing: Johnson Carolyn M - Form 4

Form 4	M										
March 19, 2019 FORM 4 Check this box	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							OMB Number:	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5		
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).								Estimated a burden hou response			
(Print or Type Respon											
1. Name and Address of Reporting Person <u>*</u> Johnson Carolyn M			2. Issuer Name <b>and</b> Ticker or Trading Symbol Voya Financial, Inc. [VOYA]				5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)			
(Mo			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2019					Director 10% Owner X Officer (give title 0ther (specify below) See Remarks			
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mor NEW YORK, NY 10169				ed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (	State) (	Zip)	Table	I - Non-De	erivative S	ecuriti	es Acc	uired, Disposed o	f, or Beneficial	ly Owned	
	'ransaction Date onth/Day/Year)	Executio any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, 4)	(A) or of (D) 4 and 5 (A) or	) 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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock								24,362	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. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Securi (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nur of S
Deferred Savings Plan Issuer Stock Units	(1)	03/15/2019		А	8.981	<u>(1)</u>	<u>(1)</u>	Common Stock	8.9
Performance Stock Unit	<u>(2)</u>					(2)	(2)	Common Stock	27
Restricted Stock Units	<u>(2)</u>					(2)	(2)	Common Stock	10,
Performance-Based Stock Options	<u>(4)</u>					(4)	<u>(4)</u>	Common Stock	39.

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Johnson Carolyn M							
230 PARK AVENUE NEW YORK, NY 10169			See Remarks				
Signatures							
/s/ Jean Weng Attorney							

Date

/s/ Jean Weng, Attorney in Fact 03/19/2019

\*\*Signature of Reporting Person

# **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) Each of these units represents a right to receive the cash value of one share of the company's common stock upon the reporting person's separation from the company. The reporting person may reallocate investments in these units to alternative investments in the future.
- (2) The stock units will vest based on their respective award agreements.
- The number of shares of common stock that will be delivered for each performance stock unit depends on the achievement of certain
   (3) performance factors. Depending on actual performance, the number of shares of common stock delivered upon the vesting date can range from 0% to 150% of the number presented above.
- (4) The options vest based on the conditions set forth in their respective agreements.

#### **Remarks:**

#### Annuities and Individual Life

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.