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Form 4											
January 12, 2	2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB AF	OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287			
	Check this box						Expires:	January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS						NERSHIP OF	Estimated a	2005 verage			
	Section 16. SECURITIES						burden hours per				
Form 4 o Form 5			a		- ·				response	0.5	
obligatio		•					-	e Act of 1934,			
may cont	tinue. Section			•	•	· ·		1935 or Section	1		
See Instruction	uction	50(n)	of the m	vestment	Compar	iy Ac	1 01 194	0			
1(b).											
(Print or Type I	Responses)										
1 Name and A	Address of Report	ing Person *	2 Iagua	. Nomo ond	Tieker or	Tradi	n a	5. Relationship of	Reporting Pers	on(s) to	
Borchers Bradford D. Symbol				ner Name and Ticker or Trading gleaf Holdings, Inc. [LEAF]				Issuer			
(Last) (First) (Month/D						Director 10% Owner					
C/O SPRINGLEAF HOLDINGS, 01/02/20			-			Officer (give title Other (specify					
INC., 601 N.W. SECOND STREET								below) below) Executive Vice President			
	(Street)		4 If Ama	ndmant Da	ta Origina	1					
				endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line)				
Filed(Month)			_X_ Form filed by One Reporting Person			
EVANSVII	LE IN 47708							Form filed by M	lore than One Re	porting	
	LL, IN 47700							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-I)erivative	Secur	ities Acq		, or Beneficial	ly Owned	
1.Title of	(State) 2. Transaction I	(Zip) Date 2A. Dee	med	3.	4. Securi	ties A	cquired	Person uired, Disposed of 5. Amount of	6. Ownership	7. Nature of	
1.Title of Security	(State)	(Zip) Date 2A. Dee ear) Executio		3. Transactio	4. Securi on(A) or D	ties A ispose	cquired d of (D)	Person uired, Disposed of 5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
1.Title of	(State) 2. Transaction I	(Zip) Date 2A. Dee ear) Executio any	med on Date, if	3. Transactio Code	4. Securi	ties A ispose	cquired d of (D)	Person uired, Disposed of 5. Amount of	6. Ownership	7. Nature of	
1.Title of Security	(State) 2. Transaction I	(Zip) Date 2A. Dee ear) Executio any	med	3. Transactio	4. Securi on(A) or D	ties A ispose	cquired d of (D)	Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial	
1.Title of Security	(State) 2. Transaction I	(Zip) Date 2A. Dee ear) Executio any	med on Date, if	3. Transactio Code	4. Securi on(A) or D	ties A ispose	cquired d of (D)	Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
1.Title of Security	(State) 2. Transaction I	(Zip) Date 2A. Dee ear) Executio any	med on Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ties A ispose 4 and (A) or	cquired d of (D) 5)	Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
1.Title of Security (Instr. 3)	(State) 2. Transaction I	(Zip) Date 2A. Dee ear) Executio any	med on Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or D	ties A ispose 4 and (A) or	cquired d of (D)	Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
1.Title of Security (Instr. 3)	(State) 2. Transaction I (Month/Day/Ye	(Zip) Date 2A. Dee ear) Executio any	med on Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3, Amount	ties A ispose 4 and (A) or (D)	cquired d of (D) 5)	Person uired, Disposed of 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	
1.Title of Security (Instr. 3)	(State) 2. Transaction I	(Zip) Date 2A. Dee ear) Executio any	med on Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ties A ispose 4 and (A) or	cquired d of (D) 5) Price	Person uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
1.Title of Security (Instr. 3) Common Stock, par	(State) 2. Transaction I (Month/Day/Ye	(Zip) Date 2A. Dee ear) Executio any	med on Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3, Amount 9,558	ties A ispose 4 and (A) or (D)	cquired d of (D) 5)	Person uired, Disposed of 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	

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 Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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			
Borchers Bradford D. C/O SPRINGLEAF HOLDINGS, INC. 601 N.W. SECOND STREET EVANSVILLE, IN 47708			Executive Vice President				
Signatures							
/s/ John C. Anderson, as attorney-in-fact	01/09/20	015					
**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) Represents shares withheld pursuant to the terms of the Springleaf Holdings, Inc. 2013 Omnibus Incentive Plan used to satisfy the reporting person's federal tax obligation.

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.