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St Clair Joyc	e										
Form 4 December 11	2018										
									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi								Expires:	January 31, 2005		
if no longer subject to Section 16. Form 4 or			F CHAN	GES IN I SECUR		ICIA	L OWI	NERSHIP OF	Estimated average burden hours per response		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the l	Public Ut	• •	ling Con	npany	y Act of	e Act of 1934, ? 1935 or Section 0	1		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person [*] St Clair Joyce			2. Issuer Name and Ticker or Trading Symbol NORTHERN TRUST CORP [NTRS]					5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
(Last)	(Last) (First) (Middle) 50 S LASALLE ST			3. Date of Earliest Transaction (Month/Day/Year) 12/07/2018				Director 10% Owner X Officer (give title Other (specify below) below)			
								Executive Vice President			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
CHICAGO,	IL 60603							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any			(Instr. 3,	(A) or	d of (D) 5)	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	12/07/2018			Code V F	Amount $275 (1)$		Price \$ 90.36	28,436 <u>(2)</u>	D		
Common Stock								19,827 <u>(3)</u>	I	By Trust	
Common Stock								13,320 <u>(3)</u>	I	2018 GRAT	
Common Stock								5,100.61	Ι	401(k) as of 9-30-18	

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 (9-02)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	2.	3. Transaction Date		4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	rities	(Instr. 5)	Bene
	Derivative		· · · ·		Securities	5		(Instr	: 3 and 4)		Owne
	Security				Acquired				<i>,</i>		Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(msu
					(Insu: 5, 4, and 5)						
					4, and 3)						
						Date Exercisable	Expiration Date	Title	Amount or Number of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting o when reality readers	Director	10% Owner	Officer	Other				
St Clair Joyce 50 S LASALLE ST CHICAGO, IL 60603			Executive Vice President					
Signatures								

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Bradley R. Gabriel, Attorney-in-Fact for Joyce St. Clair	12/11/2018	
** 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 to satisfy tax withholding obligations related to previously reported stock units.
- Represents stock units payable automatically on a 1-for-1 basis in shares of the Corporation's common stock. (2)
- Reflects the October 26, 2018 transfer of 13,320 shares of the Corporation's common stock from the reporting person's existing trust into (3) a newly created grantor retained annuity trust.

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.