## Edgar Filing: PULTEGROUP INC/MI/ - Form 4

PULTEGRO	DUP INC/MI/											
Form 4												
December 0	2, 2013											
FORM	14								OMB AF	PROVAL		
	UNIT	ED STATE		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check th							Expires:	January 31,				
if no lon subject t		EMENT O	F CHAN	NGES IN BENEFICIAL OWN				NERSHIP OF		2005		
Section		SECURITIES							Estimated average burden hours per			
Form 4 c									response	0.5		
Form 5 obligatio		<b>^</b>					•	e Act of 1934,				
may con				•	•	- ·		1935 or Section	1			
See Instr	ruction	30(h	) of the Ir	vestment	Compar	iy Act	t of 194	0				
1(b).												
(Print or Type	Responses)											
( ) <u></u>	<b>I</b>											
1. Name and A	Address of Report	ing Person <sup>*</sup>	2. Issue	r Name <b>and</b>	I Ticker or	Tradin	Ig	5. Relationship of	Reporting Pers	on(s) to		
				/mbol				Issuer				
			-	PULTEGROUP INC/MI/ [PHM]				(Check all applicable)				
(Last)	(First)	(Middle)	3 Date o	f Earliest Tr	ransaction			(Check	k all applicable	)		
				Month/Day/Year)				Director	10% Owner			
16767 NOR	RTH PERIME	FER DR		2/02/2013				$X_{1}$ Officer (give				
STE 100								below) Ar	below) ea President			
	(Street)		4 If Am	ndmant Da	ta Origina	1				c/Charle		
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
				inii/Day/10ai	.)			_X_Form filed by One Reporting Person				
SCOTTSD	ALE, AZ 8526	50						Form filed by M	lore than One Re	porting		
								Person				
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securi	ties Ac	quired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Ye	onth/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				Ownership	Indirect		
(Instr. 3)									Form: Direct Benefit (D) or Owner	Ownership		
		(Ivionitii)	Day I cal)	(11301.0)				Owned Following	Indirect (I)	(Instr. 4)		
						(A)		Reported	(Instr. 4)			
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(ilisu: 3 aliu 4)				
Common Stock	12/02/2013			S	10,000	D	\$ 18.69	198,580	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)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
<b>r</b> g	Director	10% Owner	Officer	Other				
CHADWICK JOHN JAMES 16767 NORTH PERIMETER DR STE 100 SCOTTSDALE, AZ 85260	0		Area President					
Signatures								
/s/ Steven M. Cook, attorney-in-fact	12/02/2013							

\*\*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).

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.