Edgar Filing: FIRST MIDWEST BANCORP INC - Form 4

FIRST MIDWES Form 4 April 17, 2017	ST BANCOF	RP INC	5	-	-					
FORM 4									PPROVAL	-
	UNITED	STATES		RITIES A			COMMISSION	OMB Number:	3235-0	287
Check this boy if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instructior 1(b).	eck this box no longer oject to ction 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESLanuary 31, 2005STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF section 16.Expires:January 31, 2005State average burden hours per response0.5Filed 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 19400.5									
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Symbol Van Arsdell Stephen C FIRST MIDWEST BANCORP IN [FMBI]					Ũ	5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) ONE PIERCE PLACE, SUITE 1500			3. Date of Earliest Transaction (Month/Day/Year) 04/13/2017				X_ Director 10% Owner Officer (give title Other (specify below) below)			
Filed(Month/Day/Year) Applicable L					Applicable Line) _X_ Form filed by	Joint/Group Filing(Check				
ITASCA, IL 601	143						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned	
	ansaction Date nth/Day/Year)		ed Date, if	3. Transactio Code	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature o Indirect	
Reminder: Report or	n a separate line	for each cla	ass of sect		ficially ow Perso inforn requir	ned directly ons who rest nation cont red to response	or indirectly. spond to the collect ained in this form ond unless the for atly valid OMB co	are not m	SEC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts,	calls,	warrants,	options,	convertible	securities)	
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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onof	Expiration Date	Underlying Securities	Derivativ
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Security

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Secur Acqui (A) or Dispo of (D) (Instr. and 5)	sed 3, 4,					(Instr. 5)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Under NQ Deferred Comp. Plan	<u>(1)</u>	04/13/2017		А		584 (2)		<u>(1)</u>	<u>(1)</u>	Common Stock	584	\$ 22.4

Reporting Owners

Reporting Owner Name / Address					
Teporting of the real of real of	Director	10% Owner	Officer	Other	
Van Arsdell Stephen C ONE PIERCE PLACE SUITE 1500 ITASCA, IL 60143	Х				
Signatures					
/s/ Andrea L. Stangl, Attorney- Arsdell	04/17/2017				

**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) Shares of phantom stock acquired pursuant to the Nonqualified Deferred Compensation Plan have a 1-for-1 conversion ratio and are payable in cash upon distribution to the Participant in accordance with the terms of the Plan.

Between March 9, 2017 and April 17, 2017, the Reporting Person acquired 584 shares of First Midwest Bancorp, Inc. Common Stock
(2) under the First Midwest Bancorp, Inc. Non-Qualified Deferred Compensation Plan. The information in this report is based on a plan statement dated April 13, 2017.

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.