Edgar Filing: MOODYS CORP /DE/ - Form 4

| MOODYS C | ORP /DE/ | | | | | | | | | | | |
|--|--|---|-----------------------------------|--|---|--|---|--|--|---|--|--|
| Form 4 | | | | | | | | | | | | |
| March 02, 20 | 16 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | OMB APPROVAL | | | | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | | |
| Check this | s box | | vv as | inigion, | D.C. 203 | 747 | | | | January 31, | | |
| - | if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | Expires: | 2005 | | | |
| | subject to Section 16. SECURITIES | | | | | | | Estimated average burden hours per | | | | |
| Form 4 or | Form 4 or | | | | | | | response | | | | |
| Form 5 obligation | ^ | | | | | | - | ge Act of 1934, | | | | |
| may conti | | | | • | • | • • | | f 1935 or Sectio | n | | | |
| See Instru 1(b). | | 30(h) | of the Inv | vestment (| Company | y Act | of 19 | 40 | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| 1. Name and Ad VAN SAUN | Symbol | Name and | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
| | | | | | - | icoj | | (Check all applicable) | | | | |
| | | | | Date of Earliest Transaction Ionth/Day/Year) | | | | X Director | 10% | o Owner | | |
| | | | 03/01/20 | - | | | | Officer (give title Other (specify | | | | |
| GREENWIC | | | | | | | | below) | below) | | | |
| | 4. If Amer | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | | | |
| Filed(Month/Day/Year) | | | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| NEW YORK | K, NY 10007 | | | | | | | Person | | porting | | |
| (City) | (State) | State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Executi any | emed on Date, if /Day/Year) | 3. Transactio Code (Instr. 8) Code V | 4. Securi onAcquired Disposed (Instr. 3, Amount | l (A) o l of (D |) | 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 | 03/01/2016 | | | А | 1,696 (1) | A | \$0 | 1,696 | 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) | 4. Transactic Code (Instr. 8) | 5. onNumber 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 Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|---|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address

7 WORLD TRADE CENTER

250 GREENWICH STREET NEW YORK, NY 10007

VAN SAUN BRUCE

Signatures

Elizabeth McCarroll by power of attorney for Bruce Van Saun

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Director

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** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Relationships

10% Owner Officer Other

(1) Exempt grant of restricted stock.

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.

03/02/2016

Date