

Capitol Federal Financial Inc  
 Form 4  
 January 04, 2016

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed 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 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Wright Frank H

2. Issuer Name and Ticker or Trading Symbol  
 Capitol Federal Financial Inc  
 [CFFN]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
 12/31/2015

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
 Executive Vice President

C/O CAPITOL FEDERAL FINANCIAL, INC., 700 S. KANSAS AVENUE

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 \_\_\_\_ Form filed by More than One Reporting Person

TOPEKA, KS 66603

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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) | 7. Nature of Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|
|                                 |                                      |  |                                | (A) or (D)  | Price   |  |                                   |
|                                 |                                      |  |                                | Code  | V   | Amount   |                                   |
| CFFN common stock               | 12/31/2015                           |  | M                              |   | 2,635   | A  | \$ 11.69 8,872 D                  |
| CFFN common stock               | 12/31/2015                           |  | D                              |   | 2,635   | D  | \$ 12.56 6,237 D                  |
| CFFN common stock               |                                      |  |                                |   |   |  | 49,370 I ESOP                     |

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474  
(9-02)

**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. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | Am or Num of S |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|----------------|
| CFFN phantom stock 2012                    | \$ 11.69   | 12/31/2015                           |  | M                              | 2,635   | 12/31/2015 <sup>(1)</sup>                                | CFFN common stock   | 2,             |
| CFFN Incentive Stock Option                | \$ 13.1  |                                      |  |                                |   | <sup>(2)</sup>   | CFFN common stock   | 3,             |
| CFFN Incentive Stock Option                | \$ 11.91   |                                      |  |                                |   | <sup>(3)</sup>   | CFFN common stock   | 35             |
| CFFN Non-qualified Stock Option            | \$ 13.1  |                                      |  |                                |   | <sup>(4)</sup>   | CFFN common stock   | 9,             |
| CFFN Non-qualified Stock Option            | \$ 11.91   |                                      |  |                                |   | <sup>(5)</sup>   | CFFN common stock   | 6,             |

## Reporting Owners

**Reporting Owner Name / Address**

**Relationships**

Director    10% Owner    Officer    Other

Wright Frank H  
C/O CAPITOL FEDERAL FINANCIAL, INC.  
700 S. KANSAS AVENUE  
TOPEKA, KS 66603

Executive Vice President

## Signatures

James D. Wempe, Power of  
Attorney

01/04/2016

\_\_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) Phantom stock units are acquired under the Company's Deferred Incentive Bonus Plan. The units are deemed sold and settled in cash three years from date of acquisition.
- (2) 3,000 options vest on April 29, 2017.
- (3) 8,396 options vested or will vest on January 10, 2013, January 10, 2014, January 10, 2015 and January 10, 2016.
- (4) 3,000 options vested or will vest on April 29, 2014, April 29, 2015 and April 29, 2016.
- (5) 1,604 options vested or will vest on January 10, 2013, January 10, 2014, January 10, 2015 and January 10, 2016.

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.