Ally Financial Inc. Form 4 February 17, 2016

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

subject to Section 16. Form 4 or Form 5 obligations

Check this box

if no longer

may continue. See Instruction

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

1(b).

(Instr. 3)

Common

Stock (1)

Common

Stock

02/12/2016

02/12/2016

(Print or Type Responses)

1. Name and Address of Reporting Person * Russi Timothy M.	2. Issuer Name <b>and</b> Ticker or Trading Symbol Ally Financial Inc. [ALLY]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check an applicable)			
200 RENAISSANCE CENTER	(Month/Day/Year) 02/12/2016	Director 10% OwnerX Officer (give title Other (specify below) President, Auto Finance			
(Street)	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			
DETROIT, MI 48265		Form filed by More than One Reporting Person			
(City) (State) (Zip)	Table I - Non-Derivative Securities Acq	quired, Disposed of, or Beneficially Owned			
1.Title of 2. Transaction Date 2A. Dee Security (Month/Day/Year) Execution	1	5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect			

(Instr. 3, 4 and 5)

(A)

(D)

A

D

Price

17.08

\$0

\$

(2)

Code

M

D

(Instr. 8)

Code V Amount

1,440

1,440

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

any

(Month/Day/Year)

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.

Beneficially

Following

Reported

155,585

154,145

Transaction(s) (Instr. 3 and 4)

Owned

(D) or

Indirect (I)

(Instr. 4)

D

D

Beneficial

Ownership

(Instr. 4)

### Edgar Filing: Ally Financial Inc. - Form 4

# 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)	Code	de Securities		mof Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
			Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (DSU)	(3)	02/12/2016	M	1	1,440	(3)	<u>(3)</u>	Common Stock	1,440	\$

# **Reporting Owners**

Reporting Owner Name / Address	Relationships

Director 10% Owner Officer Other

Russi Timothy M.

200 RENAISSANCE CENTER President, Auto Finance

DETROIT, MI 48265

## **Signatures**

/s/ Cathy L. Quenneville, attorney-in-fact for Mr.

Russi 02/17/2016

\*\*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) The common stock reported includes shares issued upon the settlement of a portion of DSUs awarded in prior periods.
- (2) Represents the per share fair market value of the Company's common stock as of February 3, 2016.
- Each Deferred Stock Unit (DSU) represents a vested right to receive the value of one share of the Company's common stock in cash equal (3) to the fair market value of a share of the Company's common stock. DSUs do not have an expiration or exercise date or carry a conversion price. May reflect rounding of fractional shares.

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.

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