

FIFTH THIRD BANCORP

Form 4

April 28, 2003

SEC Form 4

<b>FORM 4</b>  <input type="checkbox"/> Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549  <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP</b>  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	OMB APPROVAL  <hr style="border: 1px solid black;"/>  OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response: . . . . 0.5	
1. Name and Address of Reporting Person* <b>Koch, Robert L., II</b>  <div style="display: flex; justify-content: space-between;"> <span>(Last)</span> <span>(First)</span> </div> <div style="display: flex; justify-content: center;"> <span>(Middle)</span> </div> <b>38 Fountain Square Plaza</b>  <div style="display: flex; justify-content: center;"> <span>(Street)</span> </div> <b>Cincinnati, OH 45263</b>  <div style="display: flex; justify-content: space-between;"> <span>(City)</span> <span>(State)</span> </div> <div style="display: flex; justify-content: center;"> <span>(Zip)</span> </div>	2. Issuer Name and Ticker or Trading Symbol  <b>Fifth Third Bancorp FITB</b>  3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	4. Statement for (Month/Day/Year)  <b>04/25/2003</b>  5. If Amendment, Date of Original (Month/Day/Year)	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)  Description  <hr style="border: 1px solid black;"/>  7. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**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 Indirect Beneficial Ownership (Instr. 4)
Common Stock	04/25/2003		P		375	A	\$47.50	2,299	I	by Spouse
							\$	193,399	I	by Trust
							\$	36,302	D	
							\$	3,067	I	by Company

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative	2. Conversion or	3. Transaction	3A. Deemed	4. Transaction	5. Number	6. Date Exercisable (Date)	7. Title and Amount of	8. Price of	9. Number of Derivative	10. Owner-	11. Na
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Security (Instr. 3)	Exercise Price of Deri- vative Security	Date (Month/ Day/ Year)	Execution Date, if any (Month/ Day/ Year)	Code (Instr.8)		of Derivative Security Acquired (A) or Disposed Of (D)  (Instr. 3, 4 and 5)	and Expiration Date (ED) (Month/ Day/ Year)	Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr.5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr.4)	ship Form of Deriv- ative Securities: Direct (D) or Indirect (I)  (Instr.4)	Be O (In
				Code	V	A	D	DE	ED	Title	Amount or Number of Shares		

Explanation of Responses:

By:

/s/ Paul L. Reynolds.

Attorney-in-Fact for Robert L. Koch II

\*\* Signature of Reporting Person

Date:

04/28/2003

SEC 1474 (9-02)

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

\* 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.