Edgar Filing: Gitlin Michael C. - Form 4

| Gitlin Mich Form 4 | | | | | | | | | | | | |
|--|---|---|---|-----------|-------|--------------------|----------|--------------------|--|--|---|--|
| November (| , | | | | | | | | | OMB AP | PROVAL | |
| | UNITED | STATES | | | | AND EX , D.C. 2 | | ANGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check ti if no lor subject Section Form 4 Form 5 | nger STATEN to STATEN 16. or | s box er STATEMENT OF CHANGES IN BENEFICIAL OWNERSI 5. SECURITIES | | | | | | | | Expires: January Estimated average burden hours per response | | |
| obligation may con <i>See</i> Inst 1(b). | ons Section 17 | 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 <u>*</u> Gitlin Michael C. | | | 2. Issuer Name and Ticker or Trading Symbol PRICE T ROWE GROUP INC | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) T. ROWE PRICE, 100 EAST PRATT STREET | | | [TROW] 3. Date of Earliest Transaction (Month/Day/Year) 10/26/2012 | | | | | | Director 10% Owner Officer (give title Other (specify below) Vice President | | | |
| BALTIMC | (Street) DRE, MD 21202 | | 4. If Am Filed(Mo | | | ate Origin r) | al | | 6. Individual or Joi Applicable Line) _X_ Form filed by Oi Form filed by Mo Person | ne Reporting Per | son | |
| (City) | (State) | (Zip) | Tal | ole I - N | lon-l | Derivativa | Secu | rities Aca | uired, Disposed of, | or Beneficiall | v Owned | |
| 1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, i (Instr. 3) any (Month/Day/Year) (Month/Day/Year) | | | ed Date, if | 3. | actio | | ties Ac | equired (A) (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | 10/26/2012 | | | Code G | | Amount 3,500 | (D) D | Price \$ 0 | (Instr. 3 and 4) 113,913.785 | D | | |
| Stock Common | 11/01/2012 | | | А | | 93.714 | А | \$ 63.678: | | D | | |
| Stock | | | | - | | | | (1) | , | | | |

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.

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 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) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addres | SS | Relationships | | | | | | | |
|--|-----------|---------------|----------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| Gitlin Michael C. T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202 | | | Vice President | | | | | | |
| Signatures | | | | | | | | | |
| /s/ Michael C. Gitlin 1 | 1/01/2012 | | | | | | | | |
| <u>**</u> Signature of | Date | | | | | | | | |

**Signature of Reporting Person

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 acquired pursuant to the T. Rowe Price Group, Inc. Employee Stock Purchase Plan at the noted weighted-average price.

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.