

MARSH & MCLENNAN COMPANIES INC

Form 4

January 21, 2003

**FORM 4**

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

OMB APPROVAL

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

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response: . .05

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

Filed By  
Romeo and Dye's  
Section 16 Filer  
www.section16.net

| 1. Name and Address of Reporting Person*<br><b>BONSIGNORE, FRANCIS N.</b><br>(Last) (First) (Middle)<br><b>1166 AVENUE OF THE AMERICAS</b><br><br>(Street)<br><b>NEW YORK, NY 10036-2774</b><br><br>(City) (State) (Zip) |                                      |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br><b>MARSH &amp; MCLENNAN COMPANIES, INC.</b> |   |   |            | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><input type="checkbox"/> Director<br><input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) <b>—</b><br>Other (specify below)<br><b>SR. VICE PRESIDENT</b> |  |  |                                   |
|--|--------------------------------------|--|---|---|---|------------|---|--|--|-----------------------------------|
| 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)  |                                      |  | 4. Statement for Month/Day/Year<br><b>01-16-2003</b>  |   |   |            | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person  |  |  |                                   |
| <b>Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>  |                                      |  |   |   |   |            |   |  |  |                                   |
| 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 & 5) |            |   | 5. Amount of Securities Beneficially Owned Following Reported Transactions(s) (Instr. 3 & 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Ownership (Instr. 4) |
|  |                                      |  | Code  | V | Amount  | (A) or (D) | Price   |  |  |                                   |
| COMMON   |                                      |  |   |   |   |            |   |  |  |                                   |

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).

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

**FORM 4 (continued) 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 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities (Instr. 3 & 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Ownership Form of Derivative Security: |
|--|--|--------------------------------------|--|--------------------------------|--|--|---|--|--|--|
|  |  |                                      |  |                                |  |  |   |  |  |  |

Edgar Filing: MARSH & MCLENNAN COMPANIES INC - Form 4

|                               |                | Year)             | Disposed of (D)<br>(Instr. 3, 4 & 5) |   | Date Exer-cisable | Expira-tion Date | Title         | Amount or Number of Shares | Transaction(s)<br>(Instr. 4)     | Direct (D) or Indirect (I)<br>(Instr. 4) |
|-------------------------------|----------------|-------------------|--------------------------------------|---|-------------------|------------------|---------------|----------------------------|----------------------------------|--|
|                               |                |                   | Code                                 | V |                   |                  |               |                            |                                  |  |
| <b>RESTRICTED STOCK UNITS</b> | <b>1 for 1</b> | <b>01-16-2003</b> |                                      |   |                   |                  | <b>COMMON</b> | <b>5,132</b>               | <b>19,660<sup>(1)</sup></b>      | <b>D</b>                                 |
| <b>SISP RS UNITS</b>          |                |                   |                                      |   |                   |                  |               |                            | <b>13,260.9402<sup>(1)</sup></b> | <b>D</b>                                 |

Explanation of Responses:

(1) Previously reported on Table I, now reported on Table II to better reflect the derivative nature of the securities.

By: /s/ **WILLIAM J. WHITE**  
**Attorney-in-fact**

**01-21-2003**  
Date

\*\*Signature of Reporting Person

\*\*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.

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 Number.