## Edgar Filing: OMNICOM GROUP INC - Form 4

OMNICOM (	GROUP INC											
Form 4												
April 03, 200	8											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AF	PROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer									Expires:	January 31, 2005		
subject to STATEMENT OF CHA			F CHAN	NGES IN BENEFICIAL OW				NERSHIP OF	Estimated a			
Section 16.				SECURITIES					burden hours per			
Form 4 or Form 5		ircuant to	Section 16	5(a) of the	Securiti	e Fr	chang	e Act of 1934,	response	0.5		
obligation	<sup>s</sup> Section 17						0	f 1935 or Section	n			
may conti See Instru	nue.			vestment								
1(b).	cuon											
(Print or Type R	esponses)											
COOK EDDOL M			2. Issuer Symbol	r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
000112101	0211		•	MNICOM GROUP INC [OMC]								
						[0]]]	<b>c</b> ]	(Check all applicable)				
(Last)	(First)	(Middle)	(Month/Da	Earliest Transaction			X Director 10% Owner					
C/O OMNICOM GROUP INC., 437 04/01/20			-			Officer (give title Other (specify						
MADISON A	AVENUE							below)	below)			
			ndment, Date Original			6. Individual or Joint/Group Filing(Check						
			th/Day/Year)				Applicable Line)					
NEW YORK, NY 10022								_X_ Form filed by One Reporting Person Form filed by More than One Reporting				
NEW TORN	, INT 10022							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security	2. Transaction Date 2A. (Month/Day/Year) Exec		med n Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of				5. Ownership Form: Direct	7. Nature of Indirect			
(Instr. 3) any (Marth/Day/Vaar)		Code (D)				Beneficially	D) or indirect (I) Instr. 4)	Beneficial Ownership (Instr. 4)				
(Month/Day/Year)			(Instr. 8) (Instr. 3, 4 and 5) (A)			Owned Following						
		Reported										
						or		Transaction(s) (Instr. 3 and 4)				
~				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common					E(E 07							
Stock, par value \$0.15	04/01/2008			А	565.87 (1)	А	\$0	15,477.25 <u>(2)</u>	D			

per share

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.

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

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

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>					
	Director	10% Owner	Officer	Other	
COOK ERROL M C/O OMNICOM GROUP INC. 437 MADISON AVENUE NEW YORK, NY 10022	Х				
Signatures					
/s/ Michael J. O'Brien, Attorney Cook	04/03/200	)8			
<u>**</u> Signature of Reporting		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 reporting person elected to defer receipt of these shares under the terms of the Omnicom Group Inc. 2007 Incentive Award Plan.
- (2) Includes dividends on deferred shares that are reinvested in company stock, credited on January 4, 2008.

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.

Date