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MURPHY JO	OHN R											
Form 4												
October 05, 2	2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
Washington, D.C. 20549									OMB Number:	3235-0287		
Check thi if no long								Expires:	January 31, 2005			
subject to Section 10 Form 4 or	51A1E M 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES							Estimated a burden hou response	average Irs per		
Form 5 obligations may continue. See Instruction 1(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												
(Print or Type R	esponses)											
MURPHY JOHN R Symbol				er Name and Ticker or Trading COM GROUP INC [OMC]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (N	/liddle)	3. Date of	3. Date of Earliest Transaction (Check						k all applicable)		
(Month/D C/O OMNICOM GROUP INC., 437 10/01/20 MADISON AVENUE				Day/Year)				X_ Director10% Owner Officer (give titleOther (specify below)Other (specify				
(Street) 4. If Ame				endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon NEW YORK, NY 10022				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Fransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securit on(A) or Dis (D) (Instr. 3, 4	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	(D) or Bo Indirect (I) O	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock, par value \$0.15 per share	10/01/2009			А	676.77 (1)	A	\$ 0	30,862.43 <u>(3)</u>	D			
Common Stock, par value \$0.15 per share	10/01/2009			А	203.03 (2)	A	\$ 0	31,065.46 <u>(3)</u>	D			

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 formSEC 1474
(9-02)

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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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amou Under Securi (Instr.	nt of lying	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

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MURPHY JOHN R C/O OMNICOM GROUP INC. 437 MADISON AVENUE NEW YORK, NY 10022	Х							
Signatures								
s/ Michael J. O'Brien, Attorney i Murphy	10/05/2009							
**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) The reporting person elected to defer receipt of these shares, which represent 50% of a quarterly payment of his annual retainer, under the Omnicom Group Inc. 2007 Incentive Award Plan.
- (3) Includes dividends on deferred shares that are reinvested in company stock, credited on July 6, 2009.

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.