## Edgar Filing: OBRIEN MICHAEL J - Form 4

OBRIEN MI Form 4 May 03, 201											
FORM									OMB AF	PROVAL	
-	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				IGES IN BENEFICIAL OWNERSHII SECURITIES				NERSHIP OF	Expires: Estimated a burden hour	ed average nours per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 1(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)											
(Print or Type I	Responses)										
OBRIEN MICHAEL J Symbol								5. Relationship of Reporting Person(s) to Issuer			
				ICOM GROUP INC [OMC]				(Check all applicable)			
				e of Earliest Transaction h/Day/Year) 1/2012				Director 10% Owner X_ Officer (give title Other (specify below) Senior VP, Gen. Counsel & Sec.			
(Street) 4. If Ame			endment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mor NEW YORK, NY 10022				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		3. Transactic Code (Instr. 8)	(Instr. 3,	(A) or	d of (D) 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)		
Common Stock, par value \$0.15	05/01/2012			Code V F	Amount 2,766	(D) D	Price \$ 51.56	23,694	D		

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

per share

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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt 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**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
OBRIEN MICHAEL J C/O OMNICOM GROUP INC. 437 MADISON AVENUE NEW YORK, NY 10022			Senior VP, Gen. Counsel & Sec.				
Signatures							
/s/ Michael J.							

05/03/2012 O'Brien 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).

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.