## Edgar Filing: CITIGROUP INC - Form 4

CITIGROUI Form 4	P INC												
April 05, 20	05												
FORM	URITIES AND EXCHANGE COMMIS						OMB AF OMB	PPROVAL					
Was						D.C. 20			0111111001011	Number:	3235-0287		
Check this box if no longer subject to Section 16.					IGES IN BENEFICIAL OWNERS SECURITIES					Expires: Estimated a burden hou			
Form 4 c Form 5 obligatio may cont <i>See</i> Instr 1(b).	Filed pur ns Section 17(	a) of the		ility Ho	ldi	ng Con	npan	y Act of	e Act of 1934, 1935 or Section 0	response	0.5		
(Print or Type ]	Responses)												
ARMSTRONG C MICHAEL Symb				Issuer Name <b>and</b> Ticker or Trading nbol TIGROUP INC [C]					5. Relationship of Reporting Person(s) to Issuer				
									(Check	all applicable)			
(M			(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 04/01/2005					X_ Director 10% Owner Officer (give title Other (specify below) below)				
				nendment, Date Original Ionth/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>				
(City)	(State)	(Zip)	Tabl	e I - Non-	De	rivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership 7. Nature Form: Direct Indirect (D) or Beneficia Indirect (I) Ownershi (Instr. 4) (Instr. 4)			
Common Stock	04/01/2005			А	2	473.9	A	\$ 48.14	99,859.5 <u>(2)</u>	I	See footnote (2).		
Common Stock	04/01/2005			J		647.7 ( <u>3)</u>	A	\$ 48.14	100,507.2 <u>(2)</u>	I	See fotnote (2).		
Common Stock	04/01/2005			J		262.7 (4)	A	\$ 48.14	100,769.9 <u>(2)</u>	I	See fotnote (2).		
Common	04/01/2005			J	-	21.5	А	\$	8,112.9	D			

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(3)

#### Stock

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

48.14

#### 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 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 Owna 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			
ARMSTRONG C MICHAEL C/O CITIGROUP INC. CORPORATE LAW DEPT. 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10043	Х						
Signatures							
C. Michael Armstrong by Glenn S. Gray, Attorney-in-Fact		04/05/2005					

\*\*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) Deferred shares awarded under the Issuer's Compensation Plan for Non-Employee Directors.

Represents deferred shares of common stock held by the Issuer for the benefit of the Reporting Person pursuant to the Issuer's

(2) Compensation Plan for Non-Employee Directors and The Travelers Insurance Company Deferred Compensation Plan for Non-Employee Directors.

Date

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- (3) Reinvestment of cash, including dividends and interest, under the Compensation Plan for Non-Employee Directors.
- (4) Reinvestment of cash, including dividends and interest, under The Travelers Insurance Company Deferred Compensation Plan for Non-Employee Directors.

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.