### ARMSTRONG C MICHAEL

Form 4

January 18, 2007

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Adams ARMSTRO	Symbol	Name and	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First) (M	fiddle) 3. Date of	Earliest Tr	ansaction	(000	п шт цррпоцого		
· ·			ay/Year) 007			title 10% below)		
	4. If Ame	4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check			
NEW YORK	Filed(Mon				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 Securities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	Execution Date, if		4. Securities Acquired on(A) or Disposed of (D)	5. Amount of Securities	6. Ownership Form: Direct	7. Nature Indirect	

(City)	(State) (	Table Table	e I - Non-D	erivative So	ecuriti	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned
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. Securition(A) or Disport (Instr. 3, 4	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	01/16/2007		A	2,065.7 (1)	A	\$0	12,745.8	D	
Common Stock							111,280.3 (2)	I	See footnote (2).

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of or Derivative Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
Employee				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour Number Shares
Employee Stock Options (Right to	\$ 54.38	01/16/2007		A	2,758.37	01/20/2009	01/16/2013	Common Stock	2,758

Relationships

# **Reporting Owners**

Reporting Owner Name / Address			•	
	Director	10% Owner	Officer	Other
ONG C MICHAEL				

X

ARMSTRONG C MICHAEL C/O CITIGROUP INC. CORPORATE LAW DEPT. 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10043

## **Signatures**

Buy)

C. Michael Armstrong by Glenn S. Gray,
Attorney-in-Fact
01/18/2007

\*\*Signature of Reporting Person 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) 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.

#### **Remarks:**

In total (including the employee stock options reported in Table II, above), the Reporting Person directly beneficially owns en 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.

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