Edgar Filing: HOGUET KAREN M - Form 4

HOGUET K	AREN M										
Form 4											
April 01, 201	13										
FORM	14								OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check the									Expires:	January 31,	
if no long subject to		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						· 2005 ed average			
Section 1		SECURITIES						burden hours per			
Form 4 o								response	0.5		
Form 5 obligation				· · ·			0	e Act of 1934,			
may cont				-	-	~ -		1935 or Section	1		
<i>See</i> Instru 1(b).	uction	30(h)	of the In	vestment	Compan	y Aci	t of 194	0			
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> HOGUET KAREN M			2. Issuer Name and Ticker or Trading Symbol Nielsen Holdings N.V. [NLSN]				-	5. Relationship of Reporting Person(s) to Issuer			
				C	-	LOIN	J	(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest Tr	ansaction			V Disector	100/	0	
C/O MACYS, INC., 7 WEST SEVENTH STREET			(Month/Day/Year) 03/28/2013					X Director Officer (give below)		Owner r (specify	
5L (Li (I II			4 TC A						·	(6) 1	
				. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
CINCINNATI, OH 45202				un/Day/rear)				_X_Form filed by One Reporting Person Form filed by More than One Reporting			
CINCINIA	11, 011 45202							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D. (Month/Day/Yea	r) Execution any		3. Transactic Code (Instr. 8) Code V	4. Securiti on(A) or Dis (Instr. 3, 4) Amount	sposed	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	03/28/2013			A <u>(1)</u>	372.23 (1)	A	\$ 35.82	5,175.67	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 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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	ate Exercisable and iration Date nth/Day/Year)		e and nt of lying ities 3 and 4)	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				
HOGUET KAREN M C/O MACYS, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202	Х							
Signatures								
/s/ Harris Black, authorized signatory		04/01/201	3					
<u>**</u> Signature of Reporting Person		Date						
Explanation of Responses:								
w TC /1 C ' C'1 11	-1		т.,	· (1)				

* 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) Represents deferred stock units issued to the Reporting Person at the closing trading price as of March 31, 2013 in lieu of cash compensation pursuant to the terms of the Directors Deferred Compensation Plan (the "Plan"). Each deferred stock unit represents one share of Nielsen common stock and is fully vested. The shares subject to the units will be issued to the Reporting Person at a future date in accordance with the terms of the Plan, and the Reporting Person's plan election.

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.