Edgar Filing: SNOWE OLYMPIA J. - Form 4

SNOWE OL	YMPIA J.											
Form 4												
April 30, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								9PROVAL 3235-0287				
Check this box						Expires:	January 31,					
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							NERSHIP OF	Estimated a	2005 average		
Section 16. SECURITIES							burden hou	irs per				
Form 4 or Form 5		uant to Seci	tion $16(a)$	of the	e Securiti	ies Ex	chang	ge Act of 1934,	response	0.5		
obligatior may conti	¹⁸ Section $17(a)$						-	f 1935 or Sectio	n			
See Instru 1(b).		30(h) of	the Investn	nent (Compan	y Act	of 19	40				
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> SNOWE OLYMPIA J.			2. Issuer Name and Ticker or Trading Symbol PRICE T ROWE GROUP INC [TROW]					5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
(Last)	(First) (M		3. Date of Earliest Transaction					Director Officer (give		6 Owner er (specify		
T. ROWE P. E. PRATT S	RICE GROUP, IN STREET		lonth/Day/Ye -/26/2019	ear)				below)	below)	er (speeny		
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting							
BALTIMOR	RE, MD 21202							Person		eporting		
(City)	(State) (Z	Zip)	Table I - N	lon-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dee Execution any (Month/)	Beneficially	6. Ownership Form: Direct D) or Indirect (I) Instr. 4)			
						(A) or		Transaction(s) (Instr. 3 and 4)				
C			Cod	le V	Amount	(D)	Price	(msu: 5 and 4)				
Common Stock	04/26/2019		А		1,851 (1)	А	\$0	18,755.319	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	of	Expiration Date (Month/Day/Year)		Under Secur	unt of rlying	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

T. ROWE PRICE GROUP, INC

SNOWE OLYMPIA J.

100 E. PRATT STREET BALTIMORE, MD 21202

Signatures

Virginia G. Connolly, as attorney in fact for SNOWE OLYMPIA J.

**Signature of Reporting Person

04/30/2019 Date

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Director

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Relationships

10% Owner Officer

Other

1. Pursuant to the 2017 Non-Employee Director Equity Plan, this restricted Stock Unit shares were issued at \$108.05 per share, the closing price of TROW shares on April 26, 2019. The forfeiture provisions of the Stock Unit Shares and all accrued dividends attributed to such Stock Unit Shares, will vest in full and become nonforfeitable upon the earliest of the following dates: (a) the day immediately

(1) prior to the Annual Meeting that occurs in the next calendar year following the year in which the Award Shares were granted as reflected on the Notice, (b) date of death, (c) the date on which it has been determined that the award holder suffered, a Total and Permanent Disability, or (d) the date on which a Change in Control occurs, in which case the vesting will take place immediately before and contingent upon the occurrence of the Change in Control.

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.