## Edgar Filing: WINTRUST FINANCIAL CORP - Form 4

WINTRUST Form 4 March 07, 20	FINANCIAL C	ORP									
							OMB A	OMB APPROVAL			
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check thi			vv as	sington,	D.C. 20	349			Expires:	January 31,	
if no long subject to Section 10 Form 4 or	6. <b>STATEN</b>	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						NERSHIP OF	Estimated average burden hours per response 0.5		
Form 5 obligation may cont See Instru 1(b).	ns Section 17(	a) of the	Public Ut		ling Con	ipany	y Act of	e Act of 1934, E 1935 or Section 40	n		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> WEHMER EDWARD J			2. Issuer Name <b>and</b> Ticker or Trading Symbol WINTRUST FINANCIAL CORP					5. Relationship of Reporting Person(s) to Issuer			
		[WTFC]				, iu	(Check all applicable)				
(1			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/25/2016</li></ul>					X Director 10% Owner X Officer (give title Other (specify below) below) PRESIDENT			
FLOOR											
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
ROSEMON	T, IL 60018							Person	fore than One Re	porting	
(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 Date (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8)	(Instr. 3,	spose 4 and (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	02/25/2016			Code V A	Amount 147 (1)	(D) A	Price \$ 42.44	105,240	D		
Common Stock							12.11	7,079 <u>(2)</u>	Ι	by 401(k) Plan	
Common Stock								46,376	I	by Spouse	
Common Stock								4,950	I	FBO children	

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

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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)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer			le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative		· · · ·		Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired			,	í í		Follo
	~~~~~				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					. ,						(IIIsu
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	THE	of		
				Code V	$(\Lambda)$ (D)				Shares		
				Code v	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
F	Director	10% Owner	Officer	Other				
WEHMER EDWARD J 9700 WEST HIGGINS ROAD, 8TH FLOO ROSEMONT, IL 60018	R X		PRESIDENT					
Signatures								
/s/Kathleen M. Boege, Attorney-in-fact	03/07/2016							
**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) Dividends awarded in shares pursuant to the terms of previously granted restricted stock units.

(2) Includes an increase of 59 shares held in the Company's 401(k) plan during 2015.

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.