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TELEPHONE & DATA SYSTEMS INC /DE/

Form 4

March 04, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

if no longer

subject to

Check this box

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).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading

Issuer

5. Relationship of Reporting Person(s) to

Carlson Prudence E

Symbol

(Check all applicable)

TELEPHONE & DATA SYSTEMS

INC /DE/ [TDS]

(Month/Day/Year)

Filed(Month/Day/Year)

3. Date of Earliest Transaction

_X__ Director Officer (give title

10% Owner Other (specify

30 N. LASALLE ST. STE. 4000

(Street)

(State)

(First)

03/03/2014

below)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

CHICAGO, IL 60602

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Zip)

(Middle)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) 5. Amount of Securities Beneficially

Owned

6. Ownership 7. Nature of Form: Direct Indirect Beneficial (D) or

Ownership Indirect (I) (Instr. 4) (Instr. 4)

(Instr. 3, 4 and 5) (Instr. 8)

(A)

or

Following Reported Transaction(s)

(Instr. 3 and 4)

Common 03/03/2014 Code V Amount (D) Price 3,277 Α (1)

53,006

D

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

(Month/Day/Year)

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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 2. Derivative Conversion (Month/Day/Year) Execution Date, if

3. Transaction Date 3A. Deemed

TransactionNumber

6. Date Exercisable and **Expiration Date**

7. Title and Amount of

9. Nu 8. Price of Derivative Deriv

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| Security | or Exercise | any | Code | of | | (Month/Day | /Year) | Unde | rlying | Security | Secui |
|------------|-------------|------------------|------------|------------|------------|-------------|--------------------|--------|--------|------------|--------|
| (Instr. 3) | Price of | (Month/Day/Year) | (Instr. 8) | 8) D | Derivative | | | Secur | ities | (Instr. 5) | Bene |
| | Derivative | • | | Se | Securities | | (Instr. 3 and 4) | | Own | | |
| | Security | | | A | Acquired | | | | | | Follo |
| | | | | (<i>A</i> |) or | | | | | | Repo |
| | | | | D | isposed | | | | | | Trans |
| | | | | of | (D) | | | | | | (Instr |
| | | | | (I | (Instr. 3, | | | | | | |
| | | | | 4, | and 5) | | | | | | |
| | | | Code | V (A | (D) | Date | Expiration Date | c N | Amount | | |
| | | | | | | Exercisable | | | or | | |
| | | | | | | | | | Number | | |
| | | | | | | | | | of | | |
| | | | | | | | | | Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Carlson Prudence E 30 N. LASALLE ST. STE. 4000 CHICAGO, IL 60602 | X | | | | | | |

Signatures

Julie D. Mathews, by power 03/04/2014 of atty

**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) Shares acquired pursuant to a 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.

Reporting Owners 2