## Edgar Filing: Simm Daryl - Form 4

| Simm Daryl<br>Form 4<br>July 02, 2010                              | )                  |             |                         |                                       |                            |   |                    |  |                         |                 |  |
|--|--------------------|-------------|-------------------------|---------------------------------------|----------------------------|---|--------------------|--|-------------------------|-----------------|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION            |                    |             |                         |                                       |                            |   |                    |  | OMB APPROVAL            |                 |  |
| Washington, D.C. 20549   |                    |             |                         |                                       |                            |   |                    | OMB<br>Number:   | 3235-0287               |                 |  |
| Check this box<br>if no longer CTATENTENT OF CHANCES D             |                    |             |                         |                                       |                            |   |                    |  |                         | January 31,     |  |
| subject to STATEMENT OF CHAN                                       |                    |             |                         | GES IN BENEFICIAL OWNERSHI            |                            |   |                    | NERSHIP OF   | Estimated a             | 2005<br>average |  |
| Section 1  |                    | SECURITIES  |                         |                                       |                            |   |                    | burden hours per   |                         |                 |  |
| Form 4 o<br>Form 5   |                    |             |                         |                                       |                            |   |                    | response   | 0.5                     |                 |  |
| obligation   | ns Section 17(     |             |                         |                                       |                            |   | -                  | f 1935 or Section  | n                       |                 |  |
| may cont<br>See Instru   | inue.              |             |                         | vestment                              | •                          | · ·                                       |                    |  |                         |                 |  |
| 1(b).  | iction .           |             |                         |                                       |                            | •   |                    |  |                         |                 |  |
| (Print or Type I   | Desponses)         |             |                         |                                       |                            |   |                    |  |                         |                 |  |
| (Thit of Type I  | (esponses)         |             |                         |                                       |                            |   |                    |  |                         |                 |  |
| 1. Name and Address of Reporting Person _2. IssuerSimm DarylSymbol |                    |             |                         | uer Name <b>and</b> Ticker or Trading |                            |   |                    | 5. Relationship of Reporting Person(s) to Issuer           |                         |                 |  |
|  |                    |             | •                       | COM GROUP INC [OMC]                   |                            |   |                    | (Chaok all ampliaghla)                                     |                         |                 |  |
| (Last)   | (First) (I         | Middle) 3   | . Date of               | Earliest Tra                          | ansaction                  |   |                    | (Chec  | k all applicable        | ;)              |  |
|  |                    |             |                         | h/Day/Year)                           |                            |   | Director 10% Owner |  |                         |                 |  |
| C/O OMNICOM GROUP INC., 437 06/30/20                               |                    |             |                         | 30/2010                               |                            |   |                    | XOfficer (give titleOther (specify below) below)           |                         |                 |  |
| MADISON AVENUE   |                    |             |                         |                                       |                            |   |                    | Chmn/CEO Omnicom Media Group                               |                         |                 |  |
| (Street) 4. If Amer  |                    |             | endment, Date Original  |                                       |                            | 6. Individual or Joint/Group Filing(Check |                    |  |                         |                 |  |
| Filed(Mon  |                    |             |                         | Month/Day/Year)                       |                            |   |                    | Applicable Line)<br>_X_ Form filed by One Reporting Person |                         |                 |  |
| NEW YOR  | K, NY 10022        |             |                         |                                       |                            |   |                    |  | Aore than One Re        |                 |  |
| (City)   | (State)            | (Zip)       | Table                   | e I - Non-D                           | erivative                  | Securi                                    | ties Aco           | quired, Disposed of  | f, or Beneficial        | ly Owned        |  |
| 1.Title of   | 2. Transaction Dat | e 2A. Deeme | ed                      | 3.                                    | 4. Securi                  | ties A                                    | cquired            | 5. Amount of   | 6. Ownership            | 7. Nature of    |  |
| Security   | (Month/Day/Year)   |             | Date, if                | Transactio<br>Code                    |                            | spose                                     | d of               | Securities   | Form: Direct            |                 |  |
| (Instr. 3)   |                    |             | any<br>(Month/Day/Year) |                                       | (D)<br>(Instr. 3, 4 and 5) |   |                    | (D) or<br>Indirect (I)                                     | Beneficial<br>Ownership |                 |  |
| ( · · · · · · · · · · · · · · · · · · ·                            |                    |             | (                       |                                       |                            | Following                                 |                    | (Instr. 4)   |                         |                 |  |
|  |                    |             |                         |                                       |                            | (A)                                       |                    | Reported<br>Transaction(s)                                 |                         |                 |  |
|  |                    |             |                         | Code V                                | Amount                     | or<br>(D)                                 | Price              | (Instr. 3 and 4)   |                         |                 |  |
| Common   |                    |             |                         | Coue v                                | Amount                     | (D)                                       | The                |  |                         |                 |  |
| Stock, par   | 06/30/2010         |             |                         | F                                     | 210                        | D   | \$                 | 21 526   | D                       |                 |  |
| value \$0.15   | 00/30/2010         |             |                         | Г                                     | 319                        | D   | 34.3               | 31,526   | D                       |                 |  |

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

per share

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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | of      |                     |                    | 7. Title<br>Amour<br>Underl<br>Securit<br>(Instr. 1 | nt of<br>lying                         | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---------|---------------------|--------------------|---|--|---|---|
|   |   |   | Code V                                 | (A) (D) | Date<br>Exercisable | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                              |       |  |  |  |  |
|--|---------------|-----------|------------------------------|-------|--|--|--|--|
|  | Director      | 10% Owner | Officer                      | Other |  |  |  |  |
| Simm Daryl<br>C/O OMNICOM GROUP INC.<br>437 MADISON AVENUE<br>NEW YORK, NY 10022 |               |           | Chmn/CEO Omnicom Media Group |       |  |  |  |  |
| Signatures   |               |           |                              |       |  |  |  |  |
| /s/ Michael J. O'Brien, Attorney in Fact for Dary<br>Simm                        |               |           | 07/02/2010                   |       |  |  |  |  |
| **Signature of Reporting P   | erson         |           | 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).

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.