## Edgar Filing: OMNICOM GROUP INC - Form 4

OMNICOM	GROUP INC										
Form 4											
March 29, 20	07										
FORM	4									PPROVAL	
	UNITED	STATES		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31,	
subject to	N I A I H I	MENT O	F CHAN	GES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average	
	Section 16.				ITIES				burden hou	irs per	
Form 4 or Form 5			C	( . ) . <b>f</b> 41	C	<b>F</b>	. 1	A . 4 . 6 1024	response 0.8		
obligation	· · · · · ·							ge Act of 1934, f 1935 or Sectio	n		
may conti	nue.		of the Inv	•	•	- ·			/11		
See Instru 1(b).	iction	20(11)		estinent .	compun.	, 1100	01 19	10			
(Print or Type R	lesponses)										
	ddress of Reporting	g Person <u>*</u>	2. Issuer	Name and	Ticker or 7	Fradin	g	5. Relationship of	f Reporting Per	son(s) to	
Birkin Michael Symbol			ol				Issuer				
			OMNIC	OM GRO	UP INC	[OM	[C]	(Chec	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(		-)	
		NG 407	(Month/Da	-				Director X Officer (give		6 Owner er (specify	
C/O OMNIC MADISON	COM GROUP II	NC., 437	03/27/20	007				below)	below)	er (specify	
WADISON	AVENUE							Vi	ice Chairman		
(Street) 4. If Amer			nendment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mont	th/Day/Year)				Applicable Line) _X_ Form filed by (	One Penarting P	areon	
NEW YORK	X NY 10022							Form filed by N			
	<b>X</b> , <b>NI</b> 10022							Person			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Da	ate 2A. Dee	emed	3.	4. Securi				6. Ownership	7. Nature of	
Security	(Month/Day/Year		on Date, if	Transactio Code	onAcquired Disposed				Form: Direct	Indirect Beneficial	
(Instr. 3)		any (Month/Day/Year)				4 and		Beneficially Owned	· · · · · · · · · · · · · · · · · · ·	Ownership	
				, í				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	р.	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Stock, par					7,500						
value \$0.15	03/27/2007			А	(1)	А	\$0	39,784 <u>(2)</u>	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.

## Edgar Filing: OMNICOM GROUP INC - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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				
Birkin Michael C/O OMNICOM GROUP INC. 437 MADISON AVENUE NEW YORK, NY 10022			Vice Chairman					
Signatures								
/s/ Michael J. O'Brien, Attorney : Birken	03/29/2007							

\*\*Signature of Reporting Person

## **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) These shares were acquired by the reporting person as a grant of restricted stock, which will vest 20% each year for the next five years.
- (2) This is adjusted downward by 100 shares to correct a miscalculation due to administrative oversight in a Form 4 filed on March 21, 2007. This includes 2,255 shares acquired under Omnicom's employee stock purchase plan.

Date

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.