

Capitol Federal Financial Inc  
 Form 4  
 January 03, 2017

**FORM 4**

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Van Houweling Tara

2. Issuer Name and Ticker or Trading Symbol  
 Capitol Federal Financial Inc  
 [CFFN]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)  
 12/30/2016

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
 Principal Accounting Officer

C/O CAPITOL FEDERAL FINANCIAL, 700 S. KANSAS AVENUE

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

TOPEKA, KS 66603

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 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)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount (A) or (D) Price		
CFFN common stock	12/30/2016		M		902 A \$ 12.11	19,467	D
CFFN common stock	12/30/2016		D		902 D \$ 16.46	18,565	D
CFFN common stock						29,332	I ESOP

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

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(9-02)

**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Am or Num of Sha	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	
CFFN phantom stock 2014	\$ 12.11	12/30/2016		M	902	12/31/2016 <sup>(1)</sup>	12/31/2016	CFFN common stock	9
CFFN Phantom Stock	\$ 16.46	12/30/2016		A	942	<sup>(1)</sup>	12/31/2019	CFFN Phantom Stock	9
CFFN Phantom Stock	\$ 12.56					<sup>(1)</sup>	12/31/2018	CFFN Phantom Stock	9
CFFN phantom stock 2015	\$ 12.78					<sup>(1)</sup>	12/31/2017	CFFN common stock	1,
CFFN Non-qualified Stock Option	\$ 11.91					<sup>(2)</sup>	05/14/2027	CFFN common stock	6,
CFFN Incentive Stock Option	\$ 11.91					<sup>(2)</sup>	05/14/2022	CFFN common stock	8,

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

Van Houweling Tara  
C/O CAPITOL FEDERAL FINANCIAL  
700 S. KANSAS AVENUE  
TOPEKA, KS 66603

Principal  
Accounting  
Officer

## Signatures

James D. Wempe, Power of  
Attorney

01/03/2017

\_\_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) Phantom stock units are acquired under the Company's Deferred Incentive Bonus Plan. The units are deemed sold and settled in cash three years from date of acquisition.
  - (2) All options have vested.

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.