Shaffer Robert P Form 4 January 31, 2019

### FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response... 0.5

(Print or Type Responses)

1(b).

| 1. Name and Address of Reporting Person * Shaffer Robert P |          |          | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>FIFTH THIRD BANCORP [FITB] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)                             |  |  |  |
|--|----------|----------|---|--|--|--|--|
| (Last)   | (First)  | (Middle) | 3. Date of Earliest Transaction   |  |  |  |  |
| 38 FOUNTAIN  | SQUARE   | PLAZA    | (Month/Day/Year)<br>01/29/2019  | Director 10% Owner _X_ Officer (give title Other (specify below)  EVP and CHRO                       |  |  |  |
| (Street)   |          |          | 4. If Amendment, Date Original  | 6. Individual or Joint/Group Filing(Check  |  |  |  |
| CINCINNATI,  | ОН 45263 |          | Filed(Month/Day/Year)   | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |

| (City)          | (State)             | Table Table        | e I - Non-D | erivative  | Secur     | ities Acq   | uired, Disposed o | f, or Beneficial | ly Owned     |
|-----------------|---------------------|--------------------|-------------|------------|-----------|-------------|-------------------|------------------|--------------|
| 1.Title of      | 2. Transaction Date | 2A. Deemed         | 3.          | 4. Securi  | ties A    | cquired     | 5. Amount of      | 6. Ownership     | 7. Nature of |
| Security        | (Month/Day/Year)    | Execution Date, if | Transactio  | on(A) or D | ispose    | d of (D)    | Securities        | Form: Direct     | Indirect     |
| (Instr. 3)      |                     | any                | Code        | (Instr. 3, | 4 and     | 5)          | Beneficially      | (D) or           | Beneficial   |
|                 |                     | (Month/Day/Year)   | (Instr. 8)  |            |           |             | Owned             | Indirect (I)     | Ownership    |
|                 |                     |                    |             |            |           |             | Following         | (Instr. 4)       | (Instr. 4)   |
|                 |                     |                    |             |            | (4)       |             | Reported          |                  |              |
|                 |                     |                    |             |            | (A)       |             | Transaction(s)    |                  |              |
|                 |                     |                    | Code V      | Amount     | or<br>(D) | Price       | (Instr. 3 and 4)  |                  |              |
| Common<br>Stock | 01/29/2019          |                    | F(1)        | 780        | D         | \$<br>27.43 | 36,104 <u>(2)</u> | D                |              |

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

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.

SEC 1474

(9-02)

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

#### Edgar Filing: Shaffer Robert P - Form 4

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exerc    | cisable and  | 7. Title | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|------------------|--------------|----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D     | ate          | Amour    | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/      | Year)        | Underl   | ying     | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e                |              | Securit  | ties     | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |                  |              | (Instr.  | 3 and 4) |             | Own    |
|             | Security    |                     |                    |            | Acquired   |                  |              |          |          |             | Follo  |
|             | Ĭ           |                     |                    |            | (A) or     |                  |              |          |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |                  |              |          |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |                  |              |          |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |                  |              |          |          |             | · ·    |
|             |             |                     |                    |            | 4, and 5)  |                  |              |          |          |             |        |
|             |             |                     |                    |            |            |                  |              |          |          |             |        |
|             |             |                     |                    |            |            |                  |              |          | Amount   |             |        |
|             |             |                     |                    |            |            | Date             | Expiration   |          | or       |             |        |
|             |             |                     |                    |            |            | Exercisable Date | Title Number |          |          |             |        |
|             |             |                     |                    |            |            |                  |              |          | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |                  |              |          | Shares   |             |        |

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Shaffer Robert P

38 FOUNTAIN SQUARE PLAZA EVP and CHRO

CINCINNATI, OH 45263

# **Signatures**

H. Samuel Lind, as Attorney-in-Fact for Robert P.
Shaffer
01/29/2019

\*\*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 withheld for taxes upon the vesting of restricted stock units granted to the reporting person on January 29, 2018.
- (2) ncludes shares acquired pursuant to dividend reinvestments since the date of the reporting person's last ownership report.

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.

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