## Edgar Filing: Nielsen Holdings N.V. - Form 4

Nielsen Hold	lings N.V.										
Form 4											
January 02, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB AF OMB Number:	PROVAL 3235-0287			
Check this box if no longer subject to Section 16. Section 16.				NGES IN BENEFICIAL OWNERSHI SECURITIES				NERSHIP OF	Expires: January 2 Estimated average burden hours per		
Form 4 or Form 5 obligatior may conti <i>See</i> Instru 1(b).	Filed pu <sup>15</sup> Section 17	7(a) of the P	ublic U		ding Com	ipany	Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type R	Responses)										
HOGUET KAREN M Symb				Issuer Name <b>and</b> Ticker or Trading nbol elsen Holdings N.V. [NLSN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mon			(Month/D	B. Date of Earliest Transaction Month/Day/Year) 12/31/2013				_X_ Director	X Director 10% Owner Officer (give title Other (specify		
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CINCINNA	TI, OH 45202							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		ed Date, if	3.	4. Securiti or(A) or Dis (Instr. 3, 4 Amount	ies Ac sposed	quired of (D)	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 Indirect	
Common Stock	12/31/2013			A <u>(1)</u>	517.54 (1)	A	\$ 45.89	10,519.8	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.

 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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	<sup>7</sup> (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HOGUET KAREN M C/O MACYS, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202	Х						
Signatures							
/s/ Harris Black, authorized signatory		01/02/201	4				
<u>**</u> Signature of Reporting Person		Date					
Explanation of Responses:							

## 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).

Represents deferred stock units issued to the Reporting Person at the closing trading price as of December 31, 2013 in lieu of cash compensation pursuant to the terms of the Directors Deferred Compensation Plan (the "Plan"). Each deferred stock unit represents one

(1) share of Nielsen common stock and is fully vested. The shares subject to the units will be issued to the Reporting Person at a future date in accordance with the terms of the Plan, and the Reporting Person's plan election.

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.