#### PEACOCK DAVID A

Form 4

August 07, 2018

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16. Form 4 or

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

may continue. See Instruction

1(b).

(Last)

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obligations

(Print or Type Responses)

1. Name and Address of Reporting Person \*

PEACOCK DAVID A

(First) (Middle)

190 CARONDELET PLAZA

(Street)

CLAYTON, MO

2. Issuer Name and Ticker or Trading Symbol

STIFEL FINANCIAL CORP [SF]

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

08/07/2018

4. If Amendment, Date Original

Filed(Month/Day/Year)

(Check all applicable)

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

5. Relationship of Reporting Person(s) to

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Issuer

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

(Month/Day/Year)

4. Securities TransactionAcquired (A) or Code (Instr. 8)

Code V Amount (D) Price

Disposed of (D) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (Instr. 4)

Transaction(s) (Instr. 3 and 4) Ownership (Instr. 4)

(9-02)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

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Estimated average

burden hours per

(A)

or

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

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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 Derivative Conversion Security or Exercise

Price of

(Instr. 3)

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if (Month/Day/Year)

5. Number 4 Transaction Derivative Code Securities (Instr. 8) Acquired

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8. Price **Underlying Securities** (Instr. 3 and 4)

Deriva Securi (Instr.

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	Derivative Security				(D)	osed of r. 3, 4,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	\$ 0	08/07/2018	J <u>(1)</u>			1,900	(2)	(3)	Common	1,900	\$ 0

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
PEACOCK DAVID A 190 CARONDELET PLAZA	X						
CLAYTON, MO							

## **Signatures**

Units

/s/ David
Peacock

\*\*Signature of Reporting Person

O8/07/2018

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).

The total previously reported on June 8, 2018 included an award of 1,900 Units under the Company's Equity Inventive Plan for Non-Employee Directors (2008 Restatement). On August 7, 2018, the Board of Directors of the Company (the "Board") unanimously voted to rescind its approval of the award of such Units and, in connection therewith, to approve an award of 1,900 Units (the "New

- (1) Units") conditioned on shareholder approval of the Stifel Financial Corp. 2001 Incentive Stock Plan (2018 Restatement) by its shareholders. This Form 4 reflects the decreased total of Units as a result of the August 7, 2018 Board action. A Form 4 will be filed to update the total with respect to the granting of the New Units following receipt of such shareholder approval. No consideration was paid to the reporting person in connection with the rescission of its Units.
- (2) Units vest quarterly over a one year period.
- (3) No expiration date for these Units.

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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