## Edgar Filing: Ally Financial Inc. - Form 4

Ally Financi Form 4 June 20, 201 <b>FORN</b> Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may cont <i>See</i> Instru 1(b).	7 <b>1 4</b> UNITED S is box ger 5 (6. or ns tinue. uction <b>S</b> Section 17(a	W ENT OF CHA suant to Section	ashington NGES IN SECUI 16(a) of th Utility Hol	, D.C. 20 BENEF RITIES ne Securi Iding Cor	<b>1CIA</b> ties E	<b>LOW</b> Exchang y Act of	e Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hou response		
(Print or Type I	Responses)									
1. Name and A Brown Jeffr	Symbo	2. Issuer Name <b>and</b> Ticker or Trading Symbol Ally Financial Inc. [ALLY]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (M	(Middle) 3. Date of Earliest Transaction								
500 WOOD		(Month/Day/Year) 06/16/2017				_X_ Director10% Owner _X_ Officer (give title Other (specify below) below) Chief Executive Officer				
			If Amendment, Date Original iled(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
DETROIT,	MI 48226						Form filed by M Person	Iore than One Re	porting	
(City)	(State) (	Zip) Ta	ble I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	Code (Instr. 8)	4. Securi ion(A) or D (Instr. 3,	ispose 4 and (A) or	d 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)	Indirect Beneficial	
Common Stock (1)	06/16/2017		М	498	А	\$0	488,205	D		
Common Stock	06/16/2017		D	498	D	\$ 19.08 (2)	487,707	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.

## Edgar Filing: Ally Financial 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number or of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price of Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (DSU)	<u>(3)</u>	06/16/2017		М	498	(3)	<u>(3)</u>	Common Stock	498	\$ 0

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Brown Jeffrey Jonathan 500 WOODWARD AVENUE DETROIT, MI 48226	Х		Chief Executive Officer					
Signatures								

/s/ Donna M. DiCicco, attorney-in-fact for Mr. Brown

\*\*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) The common stock reported includes shares issued upon the settlement of a portion of DSUs awarded in prior periods.
- (2) Represents the per share fair market value of the Company's common stock as of June 7, 2017.

Each Deferred Stock Unit (DSU) represents a vested right to receive the value of one share of the Company's common stock in cash equal(3) to the fair market value of a share of the Company's common stock. DSUs do not have an expiration or exercise date or carry a conversion price. May reflect rounding of fractional shares.

06/20/2017

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.