Ally Financial Inc. Form 4 April 15, 2014

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

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**OMB APPROVAL** 

response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Fennebresque Kim S Issuer Symbol Ally Financial Inc. [ALLY] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) X\_ Director 10% Owner Officer (give title Other (specify 200 RENAISSANCE CENTER 04/15/2014 below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting DETROIT, MI 48265 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common \$ 25 4,000 D

04/15/2014 4,000 A A Stock (1)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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

| 1. Title of Derivative | 2. Conversion                            | 3. Transaction Date (Month/Day/Year) |                         | 4.<br>Transactio | 5.<br>orNumber  | 6. Date Exercisable and Expiration Date |     | 7. Title and Amount of                       | 8. Price of Derivative | 9. Nu<br>Deriv  |
|------------------------|--|--------------------------------------|-------------------------|------------------|---|---|-----|--|------------------------|---|
| Security<br>(Instr. 3) | or Exercise Price of Derivative Security |                                      | any<br>(Month/Day/Year) | Code (Instr. 8)  | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/Yea<br>e                     | ar) | Underlying<br>Securities<br>(Instr. 3 and 4) | Security<br>(Instr. 5) | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|                        |  |                                      |                         | Code V           | (A) (D)   | Date Ex<br>Exercisable Da               | •   | Title Amount or Number of Shares             |                        |   |

# **Reporting Owners**

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other Fennebresque Kim S X

200 RENAISSANCE CENTER DETROIT, MI 48265

## **Signatures**

/s/ Cathy L. Quenneville, attorney-in-fact for Mr. 04/15/2014 Fennebresque

> \*\*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) Represented by Deferred Stock Units which convert into common stock on a one-for-one basis.

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.

Reporting Owners 2