## Edgar Filing: HAGER KENNETH V - Form 4

| HAGER KE<br>Form 4   |   |  |   |  |  |        |  |   |   |   |  |
|--|---|--|---|--|--|--------|--|---|---|---|--|
| December 2   | ЛЛ                                      |  |   |  |  |        |  |   | OMB AF  | PROVAL  |  |
|  | UNITED                                  | STATES                                   |   | RITIES A<br>shington,                  |  |        | NGE C  | OMMISSION   | OMB<br>Number:  | 3235-0287   |  |
| Subject to<br>Section 16.<br>Form 4 or                                     |   |  | F CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Section 16(a) of the Securities Exchange Act of 1934, |  |  |        |  |   | January 31Expires:2005Estimated averageburden hours perresponse0.5      |   |  |
| obligatio<br>may con<br><i>See</i> Instr<br>1(b).                          | tinue. Section 17(                      | a) of the 1                              | Public U  |  | ding Cor                               | npan   | y Act of   | 1935 or Section   | 1   |   |  |
| (Print or Type   | Responses)                              |  |   |  |  |        |  |   |   |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>HAGER KENNETH V        |   |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>DST SYSTEMS INC [DST]                              |  |  |        |  | 5. Relationship of Reporting Person(s) to<br>Issuer   |   |   |  |
| (Last)   | (First) (I                              | Middle)                                  | 3. Date of Earliest Transaction (Check all applicable   |  |  |        |  |   | c all applicable  | )   |  |
| (Month/I<br>333 WEST 11TH STREET 12/22/2<br>(Street) 4. If Amo<br>Filed(Mo |   |  | (Month/E<br>12/22/2   | -                                      |  |        |  | Director 10% Owner<br>X Officer (give title Other (specify<br>below) below)<br>Vice Pres, CFO and Treasurer |   |   |  |
|  |   |  | endment, Date Original<br>nth/Day/Year)   |  |  |        | <ul> <li>6. Individual or Joint/Group Filing(Check<br/>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |   |   |   |  |
| KANSAS (   | CITY, MO 64105                          |  |   |  |  |        |  | Person  |   | porting   |  |
| (City)   | (State)                                 | (Zip)                                    | Tabl  | le I - Non-I                           | Derivative                             | Secu   | rities Acqu  | uired, Disposed of,   | or Beneficial   | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                       | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deen<br>Executior<br>any<br>(Month/D | n Date, if  | 3.<br>Transactic<br>Code<br>(Instr. 8) | 4. Securi<br>on(A) or Di<br>(Instr. 3, | ispose | d of (D)   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)              | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock  | 12/22/2011                              |  |   | Code V<br>F                            | Amount<br>7 <u>(1)</u>                 |        | Price<br>\$<br>45.965  | (Instr. 3 and 4)<br>155,109   | D   |   |  |
| Common<br>Stock  |   |  |   |  |  |        |  | 20,000  | I   | GRAT  |  |

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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | le and<br>unt of<br>rlying<br>tities<br>(. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares              |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                   | Relationships |           |                              |       |  |  |  |
|--|---------------|-----------|------------------------------|-------|--|--|--|
| 1.0.0  | Director      | 10% Owner | Officer                      | Other |  |  |  |
| HAGER KENNETH V<br>333 WEST 11TH STREET<br>KANSAS CITY, MO 64105 |               |           | Vice Pres, CFO and Treasurer |       |  |  |  |
| Signatures   |               |           |                              |       |  |  |  |
|  |               |           | 0                            |       |  |  |  |

Randall D. Young for Kenneth V. Hager by power of attorney

\*\*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).

These are the shares withheld to satisfy a tax withholding obligation in connection with restricted stock units (RSU's) granted by the (1) Compensation Committee of the Issuer's Board of Directors on February 24, 2011. The Committee approved the share withholding on the

RSU grant date, and the shares were withheld on the transaction date in box 3 pursuant to the Issuer's administrative procedures. 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.

Date

12/23/2011