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CITIGROUF Form 4	P INC												
October 04, 2	2005												
FORM 4 UNITED STATES SECUE										OMB APPROVAL			
Was						ND EXC D.C. 20		INGE C	UMMI55IUN	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				GES IN SECU			ICIA	LOW	NERSHIP OF	Expires: Estimated a burden hour response			
Form 5 obligation may cont See Instru 1(b).	ns Section 17(a	a) of the l		tility Ho	ld	ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0	1			
(Print or Type I	Responses)												
ARMSTRONG C MICHAEL Syn						Ticker or	Tradi	ng	5. Relationship of Reporting Person(s) to Issuer				
				OUP IN					(Checl)			
		425	(Month/D 10/01/20	ay/Year)	116	ansaction			X Director Officer (give t below)		Owner er (specify		
				endment, Date Original onth/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Tabl	e I - Non	-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Fransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year))	4. Securit r(A) or Di (Instr. 3, -	spose	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)			
Common Stock	10/01/2005			А		512 <u>(1)</u>		\$ 44.55	102,693.9 <u>(2)</u>	I	See footnote (2).		
Common Stock	10/01/2005			J		722.9 (<u>3)</u>	A	\$ 44.55	103,416.8 <u>(2)</u>	I	See fotnote (2).		
Common Stock	10/01/2005			J		289.4 (4)	A	\$ 44.55	103,706.2 <u>(2)</u>	I	See fotnote (2).		
Common	10/01/2005			J		23.7	А	\$	8,158.5	D			

Reporting Owners

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(3) 44.55

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting 0 miler runne / runness	Director	10% Owner	Officer	Other			
ARMSTRONG C MICHAEL C/O CITIGROUP INC. CORPORATE LAW DEPT. 425 PARK AVENUE, 2ND FLOOR NEW YORK, NY 10043	Х						
Signatures							
C. Michael Armstrong by Glenn S. Gray, Attorney-in-Fact		10/04/2005					

**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) Deferred shares awarded under the Issuer's Compensation Plan for Non-Employee Directors.

Represents deferred shares of common stock held by the Issuer for the benefit of the Reporting Person pursuant to the Issuer's

(2) Compensation Plan for Non-Employee Directors and The Travelers Insurance Company Deferred Compensation Plan for Non-Employee Directors.

Date

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- (3) Reinvestment of cash, including dividends and interest, under the Compensation Plan for Non-Employee Directors.
- (4) Reinvestment of cash, including dividends and interest, under The Travelers Insurance Company Deferred Compensation Plan for Non-Employee Directors.

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.