Nielsen N.V. Form 3 November 04, 2014 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Marinello Kathryn V	2. Date of Event RequiringStatement(Month/Day/Year)	3. Issuer Name and Ticker Nielsen N.V. [NLSN]	or Trading Symbol
(Last) (First) (Middle) C/O CERIDIAN CORPORATION, 3311 EAST OLD SHAKOPEE ROAD	10/31/2014	 4. Relationship of Reporting Person(s) to Issuer (Check all applicable X Director 10% 	Filed(Month/Day/Year)
(Street) MINNEAPOLIS, MN 55425		OfficerOthe (give title below) (specify bel	r 6. Individual or Joint/Group
(City) (State) (Zip)	Table I - N	Non-Derivative Securit	ies Beneficially Owned
1.Title of Security (Instr. 4)	2. Amount of Beneficially (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)
Reminder: Report on a separate line for ea owned directly or indirectly.		ially SEC 1473 (7-02	2)
Persons who res	pond to the collection of		

information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	erivative Security 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Marinello Kathryn V C/O CERIDIAN CORPORATION 3311 EAST OLD SHAKOPEE ROAD MINNEAPOLIS, MN 55425	ÂX	Â	Â	Â				
Signatures								
/s/ Harris Black, Authorized Signatory	11/04/2014							
**Signature of Reporting Person	Dat	e						
Explanation of Responses:								

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

No securities are beneficially owned.

Exhibit 24: Confirming Statement

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.