## Edgar Filing: FIRST MIDWEST BANCORP INC - Form 4

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FIRST MIDV Form 4 May 17, 2010	VEST BANCOR	RP INC										
FORM	1									B Al	PPROVA	۱L
	UNITED	STATES		RITIES A shington			NGE (	COMMISSIO	N OMB Numbe	er:	3235-	0287
Check thi if no long subject to Section 10	er <b>STATEN</b> 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF									Expires: January 3 200 Estimated average burden hours per	
											0.5	
(Print or Type R	lesponses)											
1. Name and A Hoskins Mic		2. Issuer Name <b>and</b> Ticker or Trading Symbol FIRST MIDWEST BANCORP INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
			[FMBI]	]				(Chi	cek un uppn	cuor	-)	
(Last)		<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>05/13/2016</li></ul>				Director 10% Owner X Officer (give title Other (specify below) EVP, Chief HR Officer						
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
ITASCA, IL	60143							Form filed by Person	More than C	ne Re	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivativ	e Securit	ties Ac	quired, Disposed	of, or Bene	ficial	lly Owned	d
	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	Dispose	d (A) or d of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownersh Form: Dire (D) or Indi (I) (Instr. 4)	ct rect	7. Nature Indirect Beneficia Ownershi (Instr. 4)	al ip
				Code V	Amount		Price	(Instr. 3 and 4)				
Reminder: Repo	ort on a separate line	for each cla	uss of secu	urities bene	ficially ov	vned dire	ctly or	indirectly.				
					Pers infor requ	ons who mation ired to r lays a cu	o resp conta respor	oond to the colle ined in this forn nd unless the fo tly valid OMB co	n are not rm	S	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivat
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Securit

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Instr. 5
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Under NQ Retirement Plan	<u>(1)</u>	05/13/2016		А		28 (2)	<u>(1)</u>	<u>(1)</u>	Common Stock	28	\$ 17.

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
<b>F B</b>	Director	10% Owner	Officer	Other					
Hoskins Michelle Y ONE PIERCE PLACE SUITE 1500 ITASCA, IL 60143			EVP, Chief HR Officer						
Signatures									
/s/ Andrea L. Stangl, Attorney- Hoskins	in-fact fo	r Michelle Y	7. 05/17/2016						

\*\*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) Shares of phantom stock acquired under the Nonqualified Retirement Plan have a 1-for-1 conversion ratio and are payable in cash upon distribution to the Participant in accordance with the terms of the Plan.

Date

Between May 4, 2016 and May 17, 2016, the Reporting Person acquired 28 shares of First Midwest Bancorp, Inc. Common Stock under(2) the First Midwest Bancorp, Inc. Non-Qualified Retirement Plan through the bi-weekly employee contribution feature of the Plan. The information in this report is based on a Plan statement dated May 13, 2016.

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.