## SEC Form 4

 $\square$ 

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

of Reporting Perso							
1. Name and Address of Reporting Person*           Verma Richard R.           (Last)         (First)         (Middle)           100 E. PRATT STREET		2. Issuer Name and Ticker or Trading Symbol PRICE T ROWE GROUP INC [ TROW ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			X	Director	10% Owner		
		3. Date of Earliest Transaction (Month/Day/Year) 09/28/2018		Officer (give title below)	Other (specify below)		
		4. If Amendment, Date of Original Filed (Month/Day/Year)		vidual or Joint/Group Filing (Check Applicabl			
MD	D 21202		X	Form filed by One Reporting Person			
				Form filed by More that Person	n One Reporting		
(State)	(Zip)						
	(First) REET MD	(First) (Middle) REET MD 21202	(First)     (Middle)       REET     3. Date of Earliest Transaction (Month/Day/Year)       09/28/2018       4. If Amendment, Date of Original Filed (Month/Day/Year)	R.     FICICLE T ROWLE GROUPTING [TROW]     X       (First)     (Middle)     3. Date of Earliest Transaction (Month/Day/Year)     09/28/2018       MD     21202     4. If Amendment, Date of Original Filed (Month/Day/Year)     6. Indiv	R.       FICTOLE FICTOWE ORCOUPTING [TROW]       X       Director         (First)       (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       Officer (give title below)         MD       21202       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Filing         X       Form filed by One Rep       Form filed by More that Person		

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities A Disposed Of (I					7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	09/28/2018		Α		16.977(1)	Α	\$109.18	2,664.847	D	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

1. This is pursuant to the T. Rowe Price Group, Inc. 2017 Non-Employee Director Equity Plan with respect to dividends declared by the issuer on it's Common Stock. These unvested shares are being accrued and vest when the corresponding grant vests.

<u>/s/ Power of Attorney, Steven J.</u>

Banks, Director of Corporate 10/01/2018

Services

\*\* Signature of Reporting Person Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.