Capitol Federal Financial Inc

Form 4

January 05, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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OMB APPROVAL

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Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

stock

1. Name and A TOWNSEN	2. Issuer Name and Ticker or Trading Symbol Capitol Federal Financial Inc [CFFN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O CAPIT FINANCIA KANSAS A	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015					Director 10% OwnerX Officer (give title Other (specify below) below) Executive Vice President				
TOPEVA	(Street)		endment, Da nth/Day/Year	_	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
TOPEKA, I							Person			
(City)	(State)	(Zip)	Tab	le I - Non-D	erivative	Secui	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execution		3. Transaction Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
CFFN common stock	12/31/2015			M		A	\$ 11.69	133,832	D	
CFFN common stock	12/31/2015			D	5,577	D	\$ 12.56	128,255	D	
CFFN common								70,015	I	ESOP

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

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(9-02)

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 (Instr.		5. Numb Derivative Securities Acquired Disposed (Instr. 3, 5)	ve es d (A) or d of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying S (Instr. 3 and
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title
CFFN phantom stock 2013	\$ 11.69	12/31/2015		M			5,577	12/31/2015(1)	12/31/2015	CFFN common stock
CFFN Phantom Stock	\$ 12.56	12/31/2015		A		4,137		12/31/2018(1)	12/31/2018	CFFN Phantom Stock
CFFN phantom stock 2015	\$ 12.78							12/31/2017	12/31/2017	CFFN common stock
CFFN Non-qualified Stock Option	\$ 11.91							(2)	05/14/2027	CFFN common stock
CFFN Incentive Stock Option	\$ 11.91							<u>(3)</u>	05/14/2022	CFFN common stock
CFFN Non-qualified Stock Option	\$ 14.96							<u>(4)</u>	08/23/2020	CFFN common stock
CFFN phantom stock 2014	\$ 12.11							12/31/2016(1)	12/31/2016	CFFN common stock

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

Executive Vice President

Reporting Owners 2 TOWNSEND KENT G C/O CAPITOL FEDERAL FINANCIAL, INC. 700 SOUTH KANSAS AVENUE TOPEKA, KS 66603

Signatures

James D. Wempe, Power of Attorney

01/05/2016

**Signature of Reporting Person

Date

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) Phantom stock units are acquired under the Company's Deferred Incentive Bonus Plan. The units are deemed sold and settled in cash three years from date of acquisition.
- (2) 14,104 options vest on January 10, 2013, January 10, 2014, January 10, 2015 and January 10, 2016.
- (3) 8,396 options vest on January 10, 2013, January 10, 2014, January 10, 2015 and January 10, 2016.
- (4) All options are exercisable.

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.

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