Edgar Filing: CONVERGYS CORP - Form 4

CONVERG	YS CORP											
Form 4												
May 14, 20	15											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check t			Expires:	January 31,								
if no lor subject	MENT OF	T OF CHANGES IN BENEFICIAL OWNERSHIP OF							2005			
Section		SECURITIES						Estimated average burden hours per				
Form 4							response	0.5				
	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
may cor	Nection 1			•	•	-	•	1935 or Section				
See Inst		30(h)	of the Ir	nvestment	t Compa	ny Ao	ct of 1940)				
1(b).												
(Print or Type	Responses)											
(I fint of Type	(Caponaea)											
1. Name and	Address of Reportin	g Person <u>*</u>	2. Issuer Name and Ticker or Trading				ing	5. Relationship of Reporting Person(s) to				
Valentine Andre S			Symbol					Issuer				
			CONVERGYS CORP [CVG]									
(Last)	(First)				ate of Earliest Transaction				(Check all applicable)			
(1100)	(1 1100)	(initiatite)	(Month/Day/Year)					Director 10% Owner				
201 E. 4TH	I STREET		05/13/2015					X Officer (give title Other (specify				
								below) below) Chief Financial Officer				
	(Streat)		4 10 4			1						
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check Applicable Line)				
	Filed(Month/Day/Year)					_X_ Form filed by One Reporting Person						
CINCINN	ATI, OH 45202							Form filed by Me	ore than One Re	porting		
								Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Dat	e 2A. Deemo	ed	3.			equired (A)	5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)		Date, if	Transactio				Securities	Ownership	Indirect Beneficial		
		any (Month/Da	av/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned		Ownership		
		(11101111)20	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1115417-0)				Following	or Indirect	(Instr. 4)		
						(A)		Reported	(I)			
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
~				Code V		(D)	Price	(Instr. 5 and 4)				
Common	05/13/2015			S	9,000	D	\$	17,270.25	D			
Shares					(1)		24.2625					
Common								2,423.744	I (2)	By 401(k)		
Shares								2,723.744	1 <u>· · ·</u>	Plan (2)		

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

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 control number.

Edgar Filing: CONVERGYS CORP - Form 4

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
Valentine Andre S 201 E. 4TH STREET CINCINNATI, OH 45202			Chief Financial Officer						
Signatures									
/s/Andre S.	05/14/2015								

05/14/2015 Valentine **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) Sale pursuant to a 10b5-1 Plan.

(2) This number represents the reporting person's shares held in the Company's 401(k) plan.

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.