FLAGSTAR BANCORP INC

Form 4

February 26, 2016

FORM	IΔ									PPROVAL	
	UNITEDS	TATES SE		ITIES Al			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer OF CHANGES IN DENIETICIAL ON NEED CHANGES IN DENIETICIAL ON NEED CHANGES IN DENIETICIAL ON NEED CHANGES IN DENIET CHANGES IN DE						Expires:	January 31,				
subject to	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 0.5			
Form 5 obligatio may cont <i>See</i> Instruction 1(b).	ns section 17(a)		olic Uti	lity Hold	ing Com	pany	Act o	ge Act of 1934, of 1935 or Section 40		. 0.0	
(Print or Type I	Responses)										
DiNello Alessandro Sy			2. Issuer Name and Ticker or Trading Symbol FLAGSTAR BANCORP INC					5. Relationship of Reporting Person(s) to Issuer			
		[(1	NYSE:	FBC)]				(Che	ck all applicable	e)	
(M			3. Date of Earliest Transaction (Month/Day/Year) 02/25/2016					X Director 10% Owner X Officer (give title Other (specify below)			
	CORPORATE DR	· -	123120	10				CEO	O and President		
	(Street)			dment, Dat h/Day/Year)	e Original			6. Individual or J Applicable Line) _X_ Form filed by			
TROY, MI	48098							Form filed by l Person	More than One Ro	eporting	
(City)	(State) (Z	Zip)	Table	I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)		3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	(A) of (D) 4 and (A) or)	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)	
Flagstar Bancorp, Inc. Common Stock	02/25/2016			F <u>(1)</u>	6,445	D	\$0	111,289	D		
Flagstar Bancorp, Inc. Common								15,000	I	By 401(k) Plan	

1,274

I

By IRA

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Flagstar

Bancorp,

Inc.

Common

Stock

Flagstar

Bancorp,

By Wife's 206 I Inc. Trust

Common

Stock

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

9. Nu

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 Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amaunt		
									Amount		
						Date	Expiration		or Namelana		
						Exercisable	Date	Title Number			
				C-1- V	(A) (D)				of		
				Coae v	(A) (D)				Shares		

Relationshins

Reporting Owners

Reporting Owner Name / Address	Kelationships						
	Director	10% Owner	Officer	Other			
DiNello Alessandro							
C/O FLAGSTAR BANCORP, INC. 5151 CORPORATE DRIVE	X		CEO and President				

TROY, MI 48098

Signatures

Jan M. Klym, by Power of Attorney for Mr. DiNello 02/26/2016

> Date **Signature of Reporting Person

2 Reporting Owners

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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) These shares were surrendered to the issuer to cover the tax obligations on shares for which restrictions have lapsed.

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.