## Edgar Filing: STAFFORD INGRID S - Form 4

STAFFORD	INGRID S										
Form 4											
January 03, 2	2018										
wasnington, D.C. 20549 Number:								OMB	PROVAL 3235-0287		
								0			
(Print or Type R	Responses)										
STAFFORD INGRID S Symbol				er Name <b>and</b> Ticker or Trading RUST FINANCIAL CORP C]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 9700 WEST FLOOR	(First)	(Middle) AD, 8TH	3. Date of (Month/D 12/31/2	-	ansaction			X Director Officer (give below)		Owner er (specify	
				endment, Date Original nth/Day/Year)			<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>				
ROSEMON	T, IL 60018							Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any		3. Transactic Code (Instr. 8) Code V	(Instr. 3,	spose	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)		
Common Stock	12/31/2017			А	181 <u>(1)</u>	А	\$ 78.31	20,332	D		

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.

 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. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
STAFFORD INGRID S 9700 WEST HIGGINS ROAD, 8TH FLOOR ROSEMONT, IL 60018	X						
Signatures							
/s/Kathleen M. Boege, Attorney-in-fact	01/03/2018						

\*\*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) Shares earned for the fourth quarter of 2017 for services as a Director of the Company in accordance with the Director's Deferred Fee and Stock Plan approved by the Shareholders.

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.