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Form 4	Γ										
December 20.	2011										
										OMB APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box									Expires:	January 31	
if no longe subject to Section 16 Form 4 or	51A1EM 5.			NERSHIP OF	Estimated burden hou response	ours per					
Form 5 obligations may contin <i>See</i> Instruct 1(b).	^s Section 17(a) of the	Public Uti		ing Com	pany	Act o	ge Act of 1934, ff 1935 or Sectio 40	on		
(Print or Type R	esponses)										
			2. Issuer Name and Ticker or Trading Symbol FIRST MIDWEST BANCORP INC					5. Relationship of Reporting Person(s) to Issuer			
			[FMBI]					(Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/E) ONE PIERCE PLACE, SUITE 1500 12/16/2				-				Director 10% Owner _X Officer (give title Other (specify below) below)			
ONE TIERC					EVP, Chief Financial Officer						
				ndment, Date Original hth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
ITASCA, IL	60143							Form filed by I Person	More than One R	eporting	
(City)	(State) (Z	Zip)	Table	e I - Non-De	erivative S	lecuri	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, any (Month/Day/Ye		on Date, if	Code Disposed of (D)				Securities Energically Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	12/16/2011			Code V A	Amount 196 (1)	(D) A	Price (2)	49,206	D		
Stock											
Common Stock								2,003	Ι	By IRA	
Common Stock								502 <u>(3)</u>	Ι	By Profit Sharing Plan Trust	

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

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

Reporting Owners

Reporting Owner Name / Address	Relationships							
r g	Director	10% Owner	Officer	Other				
Clemens Paul F ONE PIERCE PLACE, SUITE 1500 ITASCA, IL 60143			EVP, Chief Financial Officer					
Signatures								
Andrea L. Stangl, Attorney-in-fact for Clemens	12/20/2011							
**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).
- Represents a portion of base salary paid to the Reporting Person in bi-weekly installments of fully vested shares. The Reporting
 (1) Person may not transfer the shares during the period the Company has any obligations outstanding under the U.S. Treasury's Troubled Asset Relief Program except in the case of the Reporting Person's death or disability.
- The number of shares represented by this award was determined by dividing the dollar value of the award granted to the
 (2) Reporting Person by \$9.37 (the average high and low sale price of one share of the company's common stock as quoted on the Nasdaq Stock Market on December 15, 2011).
- (3) Pursuant to a statement dated December 15, 2011, reflects shares sold from the Reporting Person's account under the First Midwest Bancorp, Inc. Savings and Profit Sharing Plan in satisfaction of quarterly Plan administration fees.

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.