## Edgar Filing: Discover Financial Services - Form 4

| Discover Fi<br>Form 4<br>August 04,   | nancial Services<br>2015                               |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| FORM  | ЛЛ   |  | RITIES AND EXCHANGE COMN<br>ashington, D.C. 20549  | OMB APPROVAL<br>MISSION OMB 3235-0287<br>Number:  |  |  |  |
| Check t<br>if no lor<br>subject<br>Section<br>Form 4<br>Form 5<br>obligati<br>may con<br><i>See</i> Inst<br>1(b). | nger<br>to<br>16.<br>or<br>Filed pur<br>ons<br>ntinue. | MENT OF CHA<br>rsuant to Section<br>(a) of the Public      | NGES IN BENEFICIAL OWNERS<br>SECURITIES<br>16(a) of the Securities Exchange Act<br>Utility Holding Company Act of 1935<br>Investment Company Act of 1940 | SHIP OF Expires: January 31, 2005<br>Estimated average<br>burden hours per<br>response 0.5  |  |  |  |
| (Print or Type  | Responses)   |  |  |   |  |  |  |
|   |  | Symbo  | Iccuer   | 5. Relationship of Reporting Person(s) to<br>Issuer   |  |  |  |
| (Last) (First) (Middle)   |  |  | of Earliest Transaction<br>/Day/Year)<br>2015X   | (Check all applicable)<br><u>X</u> Officer (give title 10% Owner<br>below) Other (specify<br>below)<br>VP, Controller & CAO                               |  |  |  |
|   |  |  | ionth/Day/Year) Applic<br>_X_F   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person   |  |  |  |
| RIVERWOODS, IL 60015 Form filed by More than One Reporting Person   |  |  |  |   |  |  |  |
| (City)  | (State)  | (Zip) Ta   | ble I - Non-Derivative Securities Acquired,  | Disposed of, or Beneficially Owned  |  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Date<br>(Month/Day/Year)                | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year | Transactionor Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8)<br>(A)<br>(A)<br>Tra   | Amount of<br>curities6.7. Nature of<br>IndirectneficiallyForm:BeneficialnedDirect (D)Ownershipllowingor Indirect(Instr. 4)ported(I)unsaction(s)(Instr. 4) |  |  |  |
| Common<br>Stock   | 07/31/2015   |  | S 2,600 D <sup>\$</sup><br>56.0901 10  | ,652 D  |  |  |  |
| Common<br>Stock   |  |  | 28   | 9.22 I By ESOP  |  |  |  |

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.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | rlying                                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|---|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares |   |   |

## **Reporting Owners**

| Reporting Owner Name / Address                                   | Relationships        |           |         |       |  |  |
|--|----------------------|-----------|---------|-------|--|--|
| I  | Director             | 10% Owner | Officer | Other |  |  |
| McGrogan Edward W<br>2500 LAKE COOK ROAD<br>RIVERWOODS, IL 60015 | VP, Controller & CAO |           |         |       |  |  |
| Signatures   |                      |           |         |       |  |  |
| \s\ Christopher Greene as Attor<br>McGrogan                      | 08/04/2015           |           |         |       |  |  |
| <u>**</u> Signature of   | Reporting Pe         | rson      |         | 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).

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.