

### **CONVERGYS CORP**

# Reported by **PONTIUS JARROD B**

#### FORM 4

(Statement of Changes in Beneficial Ownership)

#### Filed 08/14/17 for the Period Ending 08/10/17

Address 201 EAST FOURTH STREET

CINCINNATI, OH 45202

Telephone 5137237000

CIK 0001062047

Symbol CVG

SIC Code 7373 - Computer Integrated Systems Design

Industry IT Services & Consulting

Sector Technology

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *  Pontius Jarrod B					2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
					C	ONV	VERG	SYS CO	RP	[ CV	<b>G</b> ]	(Check an ap)	nicable)				
(Last) (First) (Middle)					3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director  X Officer (s	rive title held		% Owner Other (speci	fy below)
201 EAST FOURTH STREET						8/10/2017							"	General Counsel CAO			
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							Y) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
CINCINNA	ГІ, ОН 4	5202											X Form filed by	y One Repo	rting Person		
(City) (State) (Zip)												Form filed by	Form filed by More than One Reporting Person				
			Table	I - No	n-Dei	rivati	ive Sec	urities Ac	quir	ed, Di	sposed o	f, or l	Beneficially Own	ed			
<u> </u>			. Date			3. Trans. Code (Instr. 8)		4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership of Indirect Beneficia	7. Nature of Indirect Beneficial Ownership		
							Code	V	Amoun	(A) or (D)	Price		or (I) (1) 4)		or Indirect (I) (Instr.	(Instr. 4)	
Common Shares 8/10/2017				017	F 270 D \$23.34 33960 (1)			D									
	Tab	le II - Der	ivative	e Secu	rities ]	Bene	ficially	Owned (	e.g.	, puts,	calls, wa	arran	ts, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	Executi			Acquir Dispos		nber of tive Securities red (A) or red of (D) 3, 4 and 5)		. Date Exercisable and Expiration Date		Securi Deriva	e and Amount of ties Underlying tive Security 3 and 4)	Derivative Security	9. Number of derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	Beneficial
	Security				Code	de V (A)		(D)	Date				Amount or Number of Shares		Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	
Explanation of (1) The amoun 0.35 shares	t of shares		y owne	ed refle	ects th	e cor	rection	of an adn	ninist	trative	error tha	over	reported the Repor	ting Perso	on's benefici	al owners	ship by

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pontius Jarrod B							
201 EAST FOURTH STREET			General Counsel CAO				
CINCINNATI, OH 45202							

#### **Signatures**

/s/ Andrew A. Farwig, attorney-in-fact for Jarrod B. Pontius	8/14/2017
**Signature of Reporting Person	Date

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

- \* 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.

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.