Edgar Filing: Fidelity National Financial, Inc. - Form 4

Fidelity National Financial, Inc. Form 4 October 19, 2009

| October 19, | , 2009 | | | | | | | | | | |
|---|---|--|--|-----------|--|--|--|---|-----------------------------------|----------------|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | N OMB Numbe | r. 3235- | -0287 | | |
| Check this box if no longer subject to STATEMENT O | | | F CHANGES IN BENEFICIAL OW | | | | NERSHIP O | Expires | : Janua | ry 31, 2005 | |
| Section Form 4 | Section 16. SECURITIES Form 4 or | | | | | | burden | Estimated average burden hours per response | | | |
| Form 5 obligati may con <i>See</i> Inst 1(b). | ons ntinue. Section 17(| (a) of the Pub | ion 16(a) of th lic Utility Hole the Investment | ding Co | mpai | ny Act c | of 1935 or Sect | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> STINSON ALAN L | | | 2. Issuer Name and Ticker or Trading Symbol | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | delity National NF] | Financ | ial, I | nc. | (Check all applicable) | | | | |
| (Last) (First) (Middle) 601 RIVERSIDE AVENUE | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/18/2009 | | | | Director 10% Owner X Officer (give title Other (specify below) below) | | | | |
| (Street) | | | 4. If Amendment, Date OriginalFiled(Month/Day/Year) | | | | CEO 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| JACKSON | VILLE, FL 32204 | 4 | | | | | | y More than Or | | | |
| (City) | (State) | (Zip) | Table I - Non-I | Derivativ | e Secu | urities Ac | quired, Disposed | of, or Benef | icially Owne | d | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Ye | Code (Instr. 3, 4 and 5) | | SecuritiesOBeneficiallyFoOwnedDFollowingor | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | f | | | |
| | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | | |
| Common Stock | 10/18/2009 | | F | 3,645 | D | \$ 15.71 | 530,336 | D | | | |
| Common Stock | | | | | | | 5,150.7097 | I | Reporting Person's ESPP/401 | | |

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.

accounts

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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 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. Transactio Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Unde Secur | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|---|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addre | ss | Relationships | | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| STINSON ALAN L 601 RIVERSIDE AVENUE | | | CEO | | | | | | |
| JACKSONVILLE, FL 32204 | | | | | | | | | |
| Signatures | | | | | | | | | |
| Alan L. Stinson | 10/19/2009 | | | | | | | | |
| **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).

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.