Edgar Filing: CENTURYLINK, INC - Form 4

CENTURY Form 4 November 1											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check the check	gor	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						Expires:	January 31,		
subject Section Form 4	to STATEMENT 16. or							Estimated a burden hou response	urs per		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
GOFF STACEY W Symbol			er Name an URYLINI			0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle)	3. Date	of Earliest T	ransaction			(Check	c all applicable)		
C/O CENTURYLINK, INC., 100 (Month/Day/Year) Director 10% Ow CENTURYLINK DRIVE 11/12/2014 Officer (give title Other (sp. below) EVP, CAO & GC											
	Month/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						
MONROE	, LA 71203					Ī	Person	ore than One Re	porting		
(City)	(State) (Zip)					-	ired, Disposed of,		-		
1.Title of Security (Instr. 3)	any	eemed tion Date, if h/Day/Year)	Code	4. Securit oror Dispos (Instr. 3, 4)	ed of ((D) 5) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	11/12/2014		S	29,030	D	\$ 40.039 (1)	109,890	D			
Common Stock							1,988.757	Ι	by 401(k) Plan		
Common Stock							2,746.511	Ι	by ESOP (2)		
Common Stock							605.898	I	by Stock Bonus Plan <u>(2)</u>		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable Date	-		Number		
								of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
GOFF STACEY W C/O CENTURYLINK, INC. 100 CENTURYLINK DRIVE MONROE, LA 71203			EVP, CAG	O & GC				
Signatures								
/s/ James L. Butler, as Attorney Goff	' .	11/14/2014						

<u>**</u>Signature of Reporting Person 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).

This transaction was executed in multiple trades at prices ranging from \$39.99 to \$40.11. The price reported above reflects the weighted
 average sale price. Upon request from the SEC staff, the issuer, or a security holder of the issuer, the Reporting Person hereby undertakes to provide the requesting party with full information regarding the number of shares and prices at which the transaction was effected.

Date

(2) This is a legacy defined contribution plan sponsored by the Issuer.

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.