

Capitol Federal Financial Inc  
 Form 4  
 January 13, 2015

**FORM 4**

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

OMB APPROVAL

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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)

1. Name and Address of Reporting Person \*  
**TOWNSEND KENT G**

2. Issuer Name and Ticker or Trading Symbol  
**Capitol Federal Financial Inc [CFFN]**

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
**700 KANSAS AVENUE**  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
**01/09/2015**

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
**Executive Vice President**

**TOPEKA, KS 66603**  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
CFFN common stock	01/09/2015		F	2,074	D	D	
CFFN common stock						I	ESOP

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

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SEC 1474 (9-02)

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
CFFN phantom stock 2013	\$ 11.69					12/31/2015	12/31/2015	CFFN common stock	5,577
CFFN phantom stock 2014	\$ 12.11					12/31/2016	12/31/2016	CFFN common stock	3,731
CFFN phantom stock 2015	\$ 12.78					12/31/2017	12/31/2017	CFFN common stock	4,436
CFFN non-qualified stock option	\$ 11.91					<u>(1)</u>	05/14/2027	CFFN common stock	56,416
CFFN incentive stock option	\$ 11.91					<u>(2)</u>	05/14/2022	CFFN common stock	33,584
CFFN incentive stock option	\$ 14.96					<u>(3)</u>	08/23/2015	CFFN common stock	13,360
CFFN non-qualified stock option	\$ 14.96					<u>(3)</u>	08/23/2020	CFFN common stock	13,804

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
TOWNSEND KENT G 700 KANSAS AVENUE TOPEKA, KS 66603			Executive Vice President	

## Signatures

James D. Wempe, Power of  
Attorney

01/13/2015

\_\_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).
- (1) 14,104 options vested or will vest on January 10, 2013, January 10, 2014, January 10, 2015 and January 10, 2016.
  - (2) 8,396 options vested or will vest on January 10, 2013, January 10, 2014, January 10, 2015 and January 10, 2016.
  - (3) All options are exercisable.

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.