#### Edgar Filing: ALTRIA GROUP, INC. - Form 4

| ALTRIA GR                                   | OUP, INC.  |                     |             |                         |              |                       |                           |  |                                       |                        |  |  |
|---|--|---------------------|-------------|-------------------------|--------------|-----------------------|---------------------------|--|---------------------------------------|------------------------|--|--|
| Form 4                                      |  |                     |             |                         |              |                       |                           |  |                                       |                        |  |  |
| May 23, 2016                                | 6  |                     |             |                         |              |                       |                           |  |                                       |                        |  |  |
| FORM  | $ 4 _{\mathrm{UNITER}}$                                    |                     | SECUD       | TTIES AT                |              | ТТ А Т                | NCE                       | COMMISSION   | r                                     | PPROVAL                |  |  |
|   |  | DSIAIES             |             | hington, 1              |              |                       | NGE                       |  | OMB<br>Number:                        | 3235-0287              |  |  |
| Check thi                                   | s box  |                     | vv a5       | inington,               | D.C. 20.     | 747                   |                           |  |                                       | January 31,            |  |  |
| if no long                                  | SIA IH   | EMENT O             | F CHAN      | GES IN F                | BENEFI       | CIA                   | LOW                       | NERSHIP OF   | Expires:                              | 2005                   |  |  |
| subject to<br>Section 10                    |  |                     |             |                         |              |                       |                           |  | Estimated average<br>burden hours per |                        |  |  |
| Form 4 or                                   |  |                     |             |                         |              |                       |                           |  | response                              | •                      |  |  |
| Form 5                                      | Filed p  | ursuant to S        | Section 16  | (a) of the              | Securiti     | es Ez                 | xchang                    | ge Act of 1934,  | •                                     |                        |  |  |
| obligation<br>may conti                     |  |                     |             | •                       | •            | - ·                   |                           | f 1935 or Sectio   | n                                     |                        |  |  |
| See Instru                                  |  | 30(h)               | of the Inv  | estment (               | Company      | y Act                 | of 19                     | 40   |                                       |                        |  |  |
| 1(b).                                       |  |                     |             |                         |              |                       |                           |  |                                       |                        |  |  |
| (Print or Type R                            | (esponses)   |                     |             |                         |              |                       |                           |  |                                       |                        |  |  |
|   |  |                     |             |                         |              |                       |                           |  |                                       |                        |  |  |
|   |  |                     |             |                         |              | -                     | of Reporting Person(s) to |  |                                       |                        |  |  |
| JONES THOMAS W Symbol<br>ALTRIA             |  |                     |             |                         |              |                       |                           | Issuer<br>(Check all applicable)                           |                                       |                        |  |  |
|   |  |                     |             | GROUP                   | P, INC. []   | MO]                   |                           |  |                                       |                        |  |  |
| (Last) (First) (Middle) 3. Date of          |  |                     |             | of Earliest Transaction |              |                       |                           |  |                                       |                        |  |  |
| 6601 WEST BROAD STREET(Month/De<br>05/19/20 |  |                     |             | nth/Day/Year)           |              |                       |                           | X_ Director  |                                       | 6 Owner<br>er (specify |  |  |
|   |  |                     |             | 016                     |              |                       |                           | Difficer (give title Other (specify below) below)          |                                       |                        |  |  |
|   |  |                     |             | endment, Date Original  |              |                       |                           | 6. Individual or Joint/Group Filing(Check                  |                                       |                        |  |  |
|   |  |                     |             | th/Day/Year)            |              |                       |                           | Applicable Line)<br>_X_ Form filed by One Reporting Person |                                       |                        |  |  |
| DICUMONI                                    | VA 22220   |                     |             |                         |              |                       |                           |  | Aore than One Reporting Po            |                        |  |  |
| KICHWONI                                    | D, VA 23230  |                     |             |                         |              |                       |                           | Person   |                                       |                        |  |  |
| (City)                                      | (State)  | (Zip)               | Table       | e I - Non-Do            | erivative S  | Securi                | ties Ac                   | quired, Disposed of  | f, or Beneficia                       | lly Owned              |  |  |
| 1.Title of                                  | 2. Transaction D   |                     |             |                         |              |                       |                           | 5. Amount of   | 6. Ownership                          |                        |  |  |
| Security                                    | (Month/Day/Yea   | ar) Executio<br>any | on Date, if | nAcquired               |              |                       |                           | Form: Direct   | Indirect<br>Beneficial                |                        |  |  |
| (Instr. 3)                                  | CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5) |                     |             |                         |              | Beneficially<br>Owned | D) or<br>indirect (I)     | Ownership  |                                       |                        |  |  |
|   |  |                     |             | × /                     |              | ·                     | Following                 | (Instr. 4)   |                                       |                        |  |  |
|   |  |                     |             |                         |              | (A)                   |                           | Reported<br>Transaction(s)                                 |                                       |                        |  |  |
|   |  |                     |             |                         |              | or                    | р.                        | (Instr. 3 and 4)   |                                       |                        |  |  |
| Common                                      |  |                     |             | Code V                  | Amount 2,779 | (D)                   | Price                     |  |                                       |                        |  |  |
| Stock                                       | 05/19/2016   |                     |             | А                       | 2,779<br>(1) | А                     | \$0                       | 104,206 <u>(2)</u>   | D                                     |                        |  |  |
| StovA                                       |  |                     |             |                         | _            |                       |                           |  |                                       |                        |  |  |
|   |  |                     |             |                         |              |                       |                           |  |                                       |                        |  |  |

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)

### **Reporting Owners**

#### Edgar Filing: ALTRIA GROUP, INC. - Form 4

| 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) | 4.<br>Transac<br>Code<br>(Instr. 8 | actionNumber<br>of |     | Expiration D<br>(Month/Day,<br>ve<br>s<br>1 |                    |       | le and<br>unt of<br>rlying<br>rities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|------------------------------------|--------------------|-----|---|--------------------|-------|--|---|--|
|   |   |   | Code Y                             | V (A               | (D) | Date<br>Exercisable                         | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares             |   |  |

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                          | Relationships |            |         |       |  |  |  |  |  |
|--|---------------|------------|---------|-------|--|--|--|--|--|
| hepoting officer family frautous                               | Director      | 10% Owner  | Officer | Other |  |  |  |  |  |
| JONES THOMAS W<br>6601 WEST BROAD STREET<br>RICHMOND, VA 23230 | Х             |            |         |       |  |  |  |  |  |
| Signatures   |               |            |         |       |  |  |  |  |  |
| W. Hildebrandt Surgner, Jr. for Jones                          | ν.            | 05/23/2016 |         |       |  |  |  |  |  |
| **Signature of Reporting Perso                                 |               | 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).

Deletionshin

- (1) Deferred Stock awarded under the 2015 Stock Compensation Plan for Non-Employee Directors.
- (2) Includes 97,768 deferred shares held under the Stock Compensation Plan for Non-Employee Directors, including an increase of 4,558 shares acquired through the reinvestment of dividends since May 20, 2015, the date of the last reportable transaction.

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.