

ING U.S., Inc.  
Form 4  
October 02, 2013

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
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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 \*  
ING INSURANCE TOPHOLDING  
N.V.

(Last) (First) (Middle)

AMSTELVEENSEWEG 500

(Street)

1081 KL AMSTERDAM, P7

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
ING U.S., Inc. [VOYA]

3. Date of Earliest Transaction  
(Month/Day/Year)  
09/30/2013

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_X\_\_\_ 10% Owner  
\_\_\_ Officer (give title below) \_\_\_ Other (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)  
\_\_\_ Form filed by One Reporting Person  
\_X\_ 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 Indirect Ownership (Instr. 4)
			Code	V Amount (D) Price			
Common Stock	09/30/2013		J <sup>(1)</sup>	185,798,227 D \$ 0 0		I <sup>(1)</sup>	By subsidiary

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

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SEC 1474 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Reporting Transaction (Instr. 6)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ING INSURANCE TOPHOLDING N.V. AMSTELVEENSEWEG 500 1081 KL AMSTERDAM, P7		X		
ING VERZEKERINGEN N.V. AMSTELVEENSEWEG 500 1081 KL AMSTERDAM, P7		X		
ING INSURANCE INTERNATIONAL B.V. AMSTELVEENSEWEG 500 1081 KL AMSTERDAM, P7		X		

## Signatures

/s/ Harris Oliner, attorney  
in fact

10/02/2013

\_\_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) Until September 30, 2013, the securities reported herein were directly beneficially owned by ING Insurance International B.V. On September 30, 2013, the securities reported herein were (a) transferred by ING Insurance International B.V. to ING Verzekeringen N.V., the sole stockholder of ING Insurance International B.V., (b) distributed in kind by ING Verzekeringen N.V. to ING Insurance Topholding N.V., the sole stockholder of ING Verzekeringen N.V. and (c) distributed in kind by ING Insurance Topholding N.V. to ING Groep N.V., the sole stockholder of ING Insurance Topholding N.V. ING Groep N.V. currently is the direct beneficial owner of the securities reported herein.

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.