1. Name and Address of Reporting Person*
   Berner Kristy
c/o People’s United Bank, N.A.
850 Main Street
   (Last) (First) (Middle)
   Bridgeport CT 06604
   (City) (State) (Zip)
2. Date of Event Requiring Statement
   10/01/2018
3. Issuer Name and Ticker or Trading Symbol
   People’s United Financial, Inc. (“PBCT”)
4. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   ■ Director          ■ 10% Owner
   ■ Office (give title below)          ■ Other (specify below)
   Executive Vice President & General Counsel
5. If Amendment, Date Original Filed (Month/Day/Year)
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>
<thead>
<tr>
<th>1. Title of Security</th>
<th>2. Amount of Securities Beneficially Owned</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>0</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**FORM 3 (continued) Table II – Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Securities (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date Exercisable</td>
<td>Expiration Date</td>
<td>Title</td>
<td>Amount or Number of Shares</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date Exercisable</td>
<td>Expiration Date</td>
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<td>Amount or Number of Shares</td>
</tr>
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<td></td>
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<td>Amount or Number of Shares</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**


**/s/ Kristy Berner**

**October 1, 2018**

**Signature of Reporting Person**

Date

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.

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