SEC Form 4	
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# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287

Estimated average burden		
hours per response:		0.5

1. Name and Add <u>Stipancich J</u>	1 0	Person*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>NEWELL RUBBERMAID INC</u> [ NWL ]		tionship of Reporting Pe all applicable) Director	rson(s) to Issuer 10% Owner	
(Last) (First) (Middle)				_ x	Officer (give title below)	Other (specify below)	
	/O NEWELL RUBBERMAID INC.		3. Date of Earliest Transaction (Month/Day/Year) 02/08/2012		Sr. VP, General Co	,	
(Last) (First) (Middle) C/O NEWELL RUBBERMAID INC. 3 GLENLAKE PKWY.							
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filir	g (Check Applicable	
(Street) ATLANTA	GA	30328		x	Form filed by One Reporting Person		
	GA	30320			Form filed by More than One Reporting Person		
(City)	(State)	(Zip)					

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

1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or									<b>A O una hin</b>	7. 1
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any			Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following		7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	()(	(Instr. 4)

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. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	(1)	02/08/2012		Α		14,713		(2)	(2)	Common Stock	14,713	\$0	14,713	D	

### Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of Newell Rubbermaid common stock.

2. The reporting person shall become fully vested in his or her award upon the third anniversary of the date of the grant of the award, but the award may vest earlier in the event of death, disability or retirement. Vested shares are to be delivered to the reporting person within 30 days following the date of vesting. Prior to the vesting of the award of a state of the state of the vesting of the award of the company pays a divident on its common stock, the reporting person will receive an amount in cash equal in value to the dividends that the reporting person would have received had the reporting person been the actual owner of the number of shares of Newell Rubbermaid common stock represented by the restricted stock units.

#### **Remarks:**

/s/ Christine E. Hermann, Attorney in Fact for John K.

02/10/2012

\*\* Signature of Reporting Person Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

**Stipancich**