FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

37 Estimated average burden hours per response: 0.5

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

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

| 1. Name and Address of Reporting Person* TODMAN MICHAEL | | | | | | 2. Issuer Name and Ticker or Trading Symbol NEWELL BRANDS INC [NWL] | | | | | | | | (Che | elationship eck all appli X Directo | • | | son(s) to Iss 10% Ov | |
|--|--|--|---|-----------------|--|---|--------|------------------|--|---|------------------|--------------------------------------|--|--|---|--|--------|--|---|
| | WELL BRA | ANDS INC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/14/2016 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| 6655 PEACHTREE DUNWOODY ROAD (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person | | | | | |
| ATLANT | | | 30328 | | | | | | | | | | | | Form Person | | e thai | n One Repo | rting |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | | | Sec | curiti | ies Ac | quired, | Dis | _ | | | | y Owned | k k | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/L | | | | Execution Date, | | 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 s) (1) (8) | | A) or , 4 and | 5. Amou Securiti Benefic Owned Reporte | cially (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transac | ransaction(s) nstr. 3 and 4) | | | (5111 4) | |
| Common Stock 04/14/2 | | | | /2016 | | М | | 3,287 A \$ | | \$44.1 | 9 45,372 | | | D | | | | | |
| | 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. Deeme Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | ı of E | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | | nd 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | or Nu of | mber ares | | | | | |
| Restricted Stock Units | (1) | 04/14/2016 | | | M | | | 3,287 | 04/14/201 | 6 | (2) | Commor Stock | 3, | 287 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. Each restricted stock unit is the economic equivalent of one share of Newell Brands Inc. common stock.
- 2. N/A

Remarks:

/s/ Michael R. Peterson,

Attorney in Fact for Michael 04/18/2016

Todman

** Signature of Reporting Person

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.