FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APP	ROVAL						
OMB Number:	3235-0104						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

McIntyre G Penny Requiring S (Month/Day			Date of Event equiring Staten Month/Day/Year 6/15/2009	nent	3. Issuer Name and Ticker or Trading Symbol NEWELL RUBBERMAID INC [ NWL ]							
(Last) (First) (Middle) C/O NEWELL RUBBERMAID INC.				Relationship of Reporting Perso (Check all applicable)     Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)				
3 GLENLAKE PKWY.					X	Officer (give title below)  Group Pres., Office	Other (specify below)  Products		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(Street) ATLANTA	GA	30328							A		More than One	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
, ,			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit			4. Convers or Exerc	ion C	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivativ Security	ve o	or Indirect I) (Instr. 5)		

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

Christine E. Hermann,

Attorney in Fact for G. Penny 06/16/2009

**McIntyre** 

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).