FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------|------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| OMB Number: | 3235-0287 | | | | | | | | | |
| Expires: | December 31 | | | | | | | | | |
| Expires. | 2014 | | | | | | | | | |
| | . In consider on | | | | | | | | | |

0.5

hours per

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

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|--|-----------------------|---------------|------------|---|-----------|--|---------|--|-------------------|--------|--|-----------|---|--|---|--|--|--------|--|
| . Name and Address of Reporting Person* KLATT DAVID A | | | | | | 2. Issuer Name and Ticker or Trading Symbol NEWELL RUBBERMAID INC [NWL] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne | | | | | |
| Last) | ast) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2003 | | | | | | | 7 | Officer below) | (give title Group | ive title Other (sp below) Group President | | pecify | |
| Street) | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| City) | (S | (State) (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tal | ble I - No | n-Deri | vativ | re Se | curitie | s Ac | quired, | Dis | posed o | f, or Ber | neficiall | y Owned | | | | | |
| . Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | Execution | | Date, | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 a | | 5. Amour Securitie Beneficia Owned F Reported | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct III Indirect E str. 4) C | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti (Instr. 3 a | on(s) | | | Instr. 4) | | |
| | | | Table II - | | | | | | | | osed of, onvertib | | | Owned | | | | | |
| Title of crivative scurity entry. 2. Conversion of Exercise Price of Derivative Security Security 2. Conversion Date (Month/Day/Year) 3.A. Deemed Execution Date, if any (Month/Day/Year) | | | Date, | 4. Transaction Code (Instr. 3) | | 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 Amoun 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 Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |

05/08/2004(2)

Explanation of Responses:

29.34

Option (Right to

2. Options become exercisable in annual installments of 20% on the number of options granted.

David A Klatt

05/08/2013

Commor

Stock

05/12/2003

35,000

D

** Signature of Reporting Person Date

35,000

\$29.34

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).

05/08/2003

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

(A)

35,000

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.