FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

OMB APPROVAL							
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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

Jones Charles L			. Date of Event lequiring Staten Month/Day/Year 9/10/2012	nent	3. Issuer Name and Ticker or Trading Symbol NEWELL RUBBERMAID INC [ NWL ]						
(Last) C/O NEWELI	(First) L RUBBERMA	(Middle) ID INC.			Relationship of Reporting Person (Check all applicable)     Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
3 GLENLAKE PARKWAY  (Street)					X	Officer (give title below)  Chief Design and R&	Other (spe below)	Ap	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person		
ATLANTA	GA	30328							Form filed b Reporting P	y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercis Expiration Date (Month/Day/Yea			ate		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Christine E. Hermann, Attorney in Fact for Charles L. 09/10/2012 **Jones** 

\*\* 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).