FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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* STROBEL STEVEN J | | | | | | 2. Issuer Name and Ticker or Trading Symbol NEWELL RUBBERMAID INC [NWL] | | | | | | | | | elationship ck all appli Directo | , | g Pers | son(s) to Iss | | |
|--|---|--|---|--------|--------------------------------------|---|--|----------|---|-----|----------------------------|---|-------------------------------|-------------------|---|---|--------------------|---|---|--|
| | WELL RUE | BBERMAID INC | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2015 | | | | | | | - | Officer below) | (give title | | Other (s below) | specify | | |
| 3 GLENLAKE PARKWAY | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) ATLANTA GA 30328 | | | | | | | | | | | | | | | | orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | Sec | curiti | ies Acq | uired, | Dis | posed (| of, or B | enef | iciall | y Owned | t. | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution | | on Date, | 3. Transa Code (8) | | 4. Securi Dispose 5) | ities Acquired (A) d Of (D) (Instr. 3, 4 | |) or 4 and | 5. Amou Securiti Benefici Owned | ies For ially (D) Following (I) (| | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transac (Instr. 3 | tion(s) | | | (31 4) | |
| Common Stock 05/11/2 | | | | | | | 2015 | | M | | 4,234 | | . \$ | 640.07 | 44 | 44,425 | | 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. Deemed Execution I if any (Month/Day | Date, | 4. Transactic Code (Inst 8) | | on of | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (A) | | Oate Exercisab | | xpiration ate | Title | Ame or Nun of Sha | . | | | | | | |
| Restricted Stock Units | (1) | 05/11/2015 | | | M | | | 4,234 | 05/11/201 | 5 | (2) | Common Stock | 4,2 | 234 | \$0 | 0 | | D | | |

Explanation of Responses:

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

Remarks:

/s/ Michael R. Peterson,

Attorney-in-Fact for Steven J. 05/13/2015

Strobel

** 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.