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

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|--|---|--|--|-------------------------|--|--|------------|--------------------------------------|------------------------------------|---|---------------------|---|-----------------|---|---|---|---|---|-------------------------|--|--|
| 1. Name and Address of Reporting Person* CAMPBELL PATRICK D | | | | | | 2. Issuer Name and Ticker or Trading Symbol NEWELL BRANDS INC NWL | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>CAMP</u> | BELL PA | I RICK D | | | | | | | 1201 | | [1, 1, 2 | | | | X I | Direct | tor | | 10% C | wner | |
| O, C | (Last) (First) (Middle) C/O NEWELL BRANDS INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2018 | | | | | | | | | | Office below | fficer (give title elow) | | Other (specify below) | | |
| 221 RIVER STREET | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | • | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | | |
| HOBOKEN NJ 07030 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | tate) (| (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | า-Deriv | ative | Se | ecuriti | es Ac | quired, | Dis | posed o | f, or | Bene | efici | ally O | wne | d | | | | |
| Date | | | | ite onth/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | nd Se Be | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | 、 Tr | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 11/01 | L/2018 | 3 | | | A | | 2,265 | (1) | A | \$ | \$0 28,697 D | | | | | | |
| | | Ta | able II - I) | | | | | | | | sed of, onvertib | | | | y Owr | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Date, Transaction | | | | 6. Date E Expiratio (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivat Securit (Instr. 5 | ivative curity ctr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | n: ct (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | |

Explanation of Responses:

1. The number of shares of Common Stock represents the portion of fourth quarter 2018 director fees paid in Common Stock based on the Company's closing price on November 1, 2018 of \$16.55.

Remarks:

/s/ Leah Lower, attorney-infact for Patrick D. Campbell

11/05/2018

** 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.