FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFIC	IAL OWNERSHIP

OMB APP	ROVAL								
OMB Number:	3235-0287								
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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Peterson Christopher H					2. Issuer Name and Ticker or Trading Symbol NEWELL BRANDS INC. [NWL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				1							2	Director	r		10% Ow	ner				
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)						Officer below)	(give title		Other (specification)	pecify				
C/O NEWELL BRANDS INC.					05/	05/16/2023								Presider	lent & CEO					
6655 PEACHTREE DUNWOODY ROAD				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)												2	Form fil	ed by One	by One Reporting Person					
ATLAN	ΓA G	A	30328										Form fil Person	ed by Mor	ing					
(City)	(S	tate)	(Zip)		Rι	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tak	ole I - Non	-Deriv	/ative	Se	curities	s Ac	quired, D	ispo	osed (of, or	Ber	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				ar)	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Ins	on				Beneficia Owned F	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	ount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
	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 D if any (Month/Day/	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio	Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)		
				Γ										Amount		(Instr. 4)	J.1(3)			
				c	Code	v	(A)	(D)	Date Exercisable	Exp Date	oiration e	Title	i	Number of Shares						
Restricted Stock Units	(1)	05/16/2023			A		217,857		(2)		(3)	Comm		217,857	\$0	217,85	7	D		

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Company's \ common \ stock.$
- 2. The award vests ratably in one-third increments on the first, second and third anniversary of the grant date, subject to the Reporting Person's continuous employment with the Company.
- 3. N/A

Remarks:

/s/ Raj Dave, attorney-in-fact for Christopher H. Peterson

05/18/2023

** Signature of Reporting Person

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.