SEC Form 3

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

1. Name and Address of Reporting Person* Larson Paula S				Requiring Statement Month/Day/Year)					
(Last) (First) (Middle) C/O NEWELL RUBBERMAID INC. 3 GLENLAKE PKWY.					4. Relationship of Reporting Pers (Check all applicable) Director X Officer (give title	10% Owner Other (specify		 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check 	
(Street) ATLANTA GA		30328 (Zip)	_		below) EVP, Human Res	below) Sources		X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership nstr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)			2. Date Exerc Expiration Da (Month/Day/Y	ate	3. Title and Amount of Secur Underlying Derivative Securi		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of F	Posnonsos		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Remarks:

No securities are beneficially owned.

/s/ Christine E. Hermann, Attorney in Fact for Paula Larson

12/18/2013

** 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 5 (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.