FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ngton, D.C. 20549	Τ

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* Stipancich John K					2. Issuer Name and Ticker or Trading Symbol NEWELL RUBBERMAID INC [NWL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Jupane</u>	ICH JUHI	<u>IX</u>												Directo			10% Ow		
-					<u> </u>									X Officer below)	(give title		Other (s below)	pecity	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2015								EVP, CFO, Gen. Counsel & S				rv	
C/O NEWELL RUBBERMAID INC.					102/	02/11/2013													
3 GLEN	LAKE PAR	KWAY																	
-					, 4. I	f Amer	ndment, [Date o	f Original Fil	ed (Month	/Day	y/Year)		ndividual or J	oint/Group	Filing	(Check App	licable	
(Street)													Line	,		_			
ATLAN	ΓA G	A	30328												•	•	rting Person		
					,									Form fi Person		than	One Report	ting	
(City)	(51	tate)	(Zip)											1 013011					
(Oity)	(0.		(Διρ)																
		Tab	le I - Non	-Deriv	ativ	e Sed	curities	Acc	quired, D	ispose	o t	f, or Be	neficial	ly Owned					
1. Title of S	Security (Inst	tr. 3)		2. Transa	action	ction 2A. Deemed 3. 4. Securities Acquired (A)) or 5. Amount of				7. Nature		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Date (Month/E	Day/Ve		Execution f any	Date,	Transaction Disposed Of (D) (Instr. 3, 4			tr. 3, 4 and	Securitie Beneficia				of Indirect Beneficial		
				(WOTHER)	Dayric	(Month/Day/Yea								Owned F	ollowing (I) (II		nstr. 4)	Ownership	
									Code V	Amount		(A) or	Price	Reported Transact			10	Instr. 4)	
									Code V	Amou	ını	^π (D) F		(Instr. 3 a					
		7	Гable II - Г	Deriva	tive	Secu	ırities /	Acaı	uired. Dis	posed	of.	or Bene	eficially	Owned					
									, options										
1. Title of	2.	3. Transaction	3A. Deemed	1 4	4.		5. Numb	ner	6. Date Exer	cisable an	н	7. Title and	d Amount	8. Price of	9. Number	of	10.	11. Nature	
Derivative	Conversion	Date (Month/Day/Year)	Execution D	Date, T	Transaction Code (Instr. 8)		n of		Expiration Date of Securities			ies	Derivative	derivative		Ownership	of Indirect		
Security (Instr. 3)	or Exercise Price of		if any (Month/Day						(Month/Day/Year) Underlyir Derivative					Security (Instr. 5)	Securities Beneficiall	ally [Form: Direct (D)	Beneficial Ownership	
Derivative Security				•		Acquired (A) or		(Instr. 3 and 4)				nd 4)	` ′	Owned Following		or Indirect (In	(Instr. 4)		
Security						Disposed									Reported		(1) (111511. 4)		
						of (D) (Instr. 3, 4 and 5)								Transaction(s) (Instr. 4)	n(s)				
			⊢			.,	,					Amount	1	` ′					
													or						
									Date	Expirati	_{on}		Number of						
				C	Code	v	(A)	(D)	Exercisable	Date		Title	Shares						
Restricted	(1)								00/44/00:-	(2)		Common	10.750						
Stock Units	(1)	02/11/2015			M		16,753		02/11/2018	(2)		Stock	16,753	\$0	16,753		D		

Explanation of Responses:

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

Remarks:

/s/ Michael R. Peterson,

02/13/2015 Attorney-in-Fact for John K.

Stipancich

** 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.