STATE STREET CORP

Form 4

March 02, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

January 31, Expires: 2005

OMB APPROVAL

Estimated average burden hours per

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obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Phalen James S

2. Issuer Name and Ticker or Trading Symbol

STATE STREET CORP [STT]

5. Relationship of Reporting Person(s) to

(Check all applicable)

Vice Chairman

Issuer

below)

(Last) (First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year)

02/29/2016

Director X_ Officer (give title

10% Owner Other (specify

STATE STREET CORPORATION, ONE LINCOLN

(Street)

(State)

STREET

(City)

Common

Stock

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

I

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

BOSTON, MA 02111

4. Securities Acquired 5. Amount of nsaction(A) or Disposed of (D) (Instr. 3, 4 and 5) tr. 8)

6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Indirect (I) Owned Following (Instr. 4) Reported

Transaction(s) (Instr. 3 and 4)

Price Code V Amount (D)

36,821 \$0 338,447 (2) A A D (1)

(A)

or

Common Stock

02/29/2016

888 (3)

401(k) Plan

SEC 1474

(9-02)

Beneficial

Ownership

(Instr. 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amount of		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative				Securities		(Instr. 5)	Bene
	Derivative				Securities Acquired (A) or			(Instr. 3	and 4)		Own
	Security										Follo
	•										Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3, 4, and 5)						
								Λ.	mount		
									mount		
						Date	Expiration Date	Title N	r Jumber		
						Exercisable		Title Numb			
				C + V	(A) (D)						
			Code V (A) (D)					S	hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

Phalen James S STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111

Vice Chairman

Signatures

/s/ Shannon C. Stanley, Attorney-in-fact

03/02/2016

**Signature of Reporting Person

Date

Explanation of Responses:

- 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).
- (1) Restricted stock units granted pursuant to State Street Corporation 2006 Equity Incentive Plan.
- The balance reflects the amount of shares beneficially owned, including shares received due to dividend reinvestment, as of the date of **(2)** this report.
- The reporting person indirectly beneficially owns the indicated shares of State Street common stock under State Street's 401(k) plan, (3) based on a plan statement dated as of February 29, 2016. The plan accounts for interest in units consisting of shares of State Street common stock and a small amount of cash. As a result, the number of underlying shares may fluctuate from time to time.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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