### Edgar Filing: NEWELL BRANDS INC - Form 4

NEWELL B Form 4 June 05, 201	RANDS INC										
FORM									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AN Washington, D						S AND EXCHANGE COMMISSION on, D.C. 20549			OMB Number:	3235-0287	
Check this box if no longer subject to Section 16.				CHANGES IN BENEFICIAL OWNE SECURITIES					Expires:	January 31, 2005	
								NERSHIP OF	Estimated a burden hour	verage	
Form 4 c			a		<b>a</b>				response	0.5	
Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940											
(Print or Type	Responses)										
1. Name and Address of Reporting Person _2. IssuerBurke William A IIISymbol				er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			-	WELL BRANDS INC [NWL]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date o	f Earliest Ti	ransaction			(0.000	i un uppriouoro	,	
			(Month/I 06/01/2	nth/Day/Year) )1/2017				Director 10% Owner X_Officer (give title Other (specify below) EVP, Chief Operating Officer			
			4. If Ame	nendment, Date Original			6. Individual or Joint/Group Filing(Check				
			(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
	, 113 07030							Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	Securi	ties Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any		on Date, if Transac Code		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)			
Common Stock	06/01/2017			S	16,626	D	52.84 ( <u>1)</u>	150,100	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
Burke William A III 221 RIVER STREET HOBOKEN, NJ 07030			EVP, Chief Operating Officer					
Signatures								
/s/ Leah Lower, Attorney in Fa Burke, III	ct for Wil	lliam A.	06/05/2017					
<u>**</u> Signature of Report	ing 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).

In connection with the stock sale, the reporting person sold 16,626 shares at a weighted average price of \$52.84 at prices ranging from \$52.65 to \$53.01. \$300,000 of the proceeds from the sale have been or will be donated to the Burke Family Charitable Fund, a donor

(1) advised fund, and/or directly to one or more charitable organizations. The reporting person undertakes to provide to the Company, any security holder of the Company, or the staff of the SEC, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth herein.

#### **Remarks:**

Exhibit 24 - Power of Attorney

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.