Edgar Filing: STATE STREET CORP - Form 4

STATE STR	EET CORP												
Form 4													
March 02, 20	016												
FORM	4										PPROVAL		
		D STATE				ND EXC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287		
Check thi			v v u b		., .						January 31,		
if no longer subject to STATEMENT OF CHAN					B	BENEFI	CIAI	LOW	NERSHIP OF	Expires: 2005			
	Subject to STATEMENT OF CHARGES IN BEILEF Section 16. SECURITIES									Estimated average burden hours per			
Form 4 or										response 0.			
Form 5	^{m 5} Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,												
obligation may conti		7(a) of the	Public Ut	ility Ho	ldi	ing Com	pany	Act of	f 1935 or Sectio	n			
See Instru		30(h)) of the Inv	vestmen	t C	Company	/ Act	of 194	40				
1(b).													
(Print or Type R	Responses)												
BELL MICHAEL W Symbol				2. Issuer Name and Ticker or Trading Symbol STATE STREET CORP [STT]					5. Relationship of Reporting Person(s) to Issuer				
									(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest 7	Fra	nsaction			(Chec	к ан аррисави	:)		
			(Month/D	th/Day/Year)					Director 10% Owner				
STATE STREET 02/29/2				9/2016					_X_ Officer (give title Other (specify below) below)				
	FION, ONE L	INCOLN							· · · · · · · · · · · · · · · · · · ·	VP and CFO			
STREET													
	(Street)		4. If Amer	ndment, E	Date	e Original			6. Individual or Jo	oint/Group Filin	1g(Check		
Filed(Mont			onth/Day/Year)					Applicable Line)					
BOSTON, M	/IA 02111								_X_ Form filed by 0 Form filed by N Person				
(City)	(State)	(Zip)	Table	e I - Non-	De	erivative S	ecurit	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction E			3.					5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Ye	/	on Date, if Transaction(A) or Disposed of					l of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 5)		any (Month/Day			Code (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5)					Indirect (I)	Ownership		
					(insure) (insure) (insure, i				Owned Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
C				Code	V	Amount	(D)	Price	(
Common Stock	02/29/2016			А		28,324 (1)	А	\$0	115,506 (2)	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)

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. or/Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and ant of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
FB	Director	10% Owner	Officer	Other				
BELL MICHAEL W STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111			EVP and CFO					
Signatures								
/s/ Shannon C. Stanley, Attorney-in-fact		03/02/2016						
**Signature of Reporting Person		Date						
Explanation of Posponoos								

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.

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.