Edgar Filing: STATE STREET CORP - Form 4

STATE STR	EET CORP										
Form 4											
August 15, 20											
FORM	4 UNITED) STATES	S SECUR	ITIES A	ND EX	СНА	NGE C	OMMISSION	OMB AF	PROVAL	
Chaok thi	boy		Was	hington,	D.C. 20	549			Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction				SECUR 6(a) of the ility Hold	ITIES e Securit ling Con	ies E npany	xchange y Act of	e Act of 1934, 1935 or Section	Estimated average burden hours per response 1934,		
1(b).	Chon				-						
(Print or Type R	esponses)										
Malerba James J S			Symbol	Name and			-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		Earliest Tr			1	(Checl	k all applicable)	
STATE STREET CORPORATION, ONE LINCOLN STREET			(Month/Day/Year) 08/13/2013					Director 10% Owner X Officer (give title 0ther (specify below) below) EVP, Corporate Controller, CAO			
Filed(Mon			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
BOSTON, MA 02111								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	:) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/13/2013			S	1,750	D	\$ 69.07 (1)	57,801 <u>(2)</u>	D		
Common Stock								236 <u>(3)</u>	Ι	by 401(k) Plan	

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) tive ties ed ed 3,		Amou Under Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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						
	Director	10% Owner	Officer	Other			
Malerba James J STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111			EVP, Corporate Controller, CAO				
Signatures							

/s/ Jeremy Kream, Attorney	
in-fact	08/15/2013

**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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$69.070 to \$69.075, inclusive. The reporting person undertakes to provide to State Street Corporation, any security holder of State Street

- (1) Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this Form 4.
- 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 236 shares of State Street common stock under State Street's 401(k) plan, based on a (3) plan statement dated as of July 31, 2013. 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.