Edgar Filing: STATE STREET CORP - Form 4

STATE STR	REET CORP											
Form 4												
May 17, 201	7											
FORM	14								OMB AF	PPROVAL		
	UNITEL) STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287		
Check th				0 /					Expires:	January 31,		
if no long subject to	GES IN	GES IN BENEFICIAL OWNERSHIP OF					2005					
Section 1			SECURITIES					Estimated average burden hours per				
	Form 4 or								response	0.5		
Form 5	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
obligatio may cont				•	•	· ·		1935 or Section	1			
See Instr		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type I	Responses)											
(I find of Type I	(tesponses)											
1. Name and A	Address of Reportin	g Person *	2. Issuer Name and Ticker or Trading				ng	5. Relationship of Reporting Person(s) to				
Maiuri Louis D			Symbol					Issuer				
			-	STREET	CORP	STT	1	(Check all applicable)				
(Last)	(First)	(Middle)	3 Date of	Farliest Tr	ansaction	-	-	(Chec.	.)			
			3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner				
STATE STI	REET		05/15/2017					_X_ Officer (give title Other (specify				
CORPORA	TION, ONE LI	NCOLN						below) Executi	below) ve Vice Preside	ent		
STREET								Executi				
	(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)					Applicable Line)				
								X Form filed by C				
BOSTON, I	MA 02111							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-E) erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ate 2A. Deer	ned	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	r) Executio	on Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct	Indirect		
(Instr. 3)		Code (Instr. 3, 4 and 5) $(1 + 1)$					Beneficially	Beneficial				
		(Month/I	Day/Year)	(Instr. 8)				Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
						()		Reported	((
						(A) or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	05/15/2017			F	1,158	D	\$	37,109	D			
Stock	03/13/2017			1	(1)	D	82.79	57,107	D			
Common										D		
Stock								6,634	Ι	By a trust		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Unde Secur	unt 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		
FB	Director	10% Owner	Officer	Other	
Maiuri Louis D STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111			Executive Vice President		
Signatures					
/s/ Shannon C. Stanley Attorney-in-fact	0	5/17/2017			
<u>**</u> 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) These shares were withheld to satisfy tax withholding obligations in connection with the vesting of previously awarded deferred stock.

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.