Edgar Filing: STATE STREET CORP - Form 4

STATE STREET CORP

Form 4 November (15 2013										
									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						e Act of 1934, 1935 or Sectior	Expires:January 31, 2005Estimated average burden hours per response0.5				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> HOOLEY JOSEPH L			2. Issuer Name and Ticker or Trading Symbol STATE STREET CORP [STT]					5. Relationship of Reporting Person(s) to Issuer			
(Last) STATE ST CORPORA STREET	(First) REET ATION, ONE LI	(Middle)	3. Date of (Month/E 11/01/2	-	ransaction			_X_ Director _X_ Officer (give below)		Owner r (specify	
				If Amendment, Date Original iled(Month/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 Person 			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	Securi	ities Acq	uired, Disposed of	or Beneficial	v Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day.		ed 3. 4. Securities Acquired Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) ay/Year) (Instr. 8) (A)				equired l of (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	11/01/2013			Code V F	Amount 20,223 (1)	or (D) D	Price \$ 70.35	(Instr. 3 and 4) 798,947 (2)	D		
Common Stock								2,301 <u>(3)</u>	I	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno 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			
HOOLEY JOSEPH L STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111	Х		Chairman, President and CEO				
Signatures							
/s/ Shannon C. Stanley, Attorney-in-fact	11/05/2	2013					
<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 restricted stock.
- (2) The balance reflects the amount of shares beneficially owned, including shares received due to dividend reinvestment, as of the date of this report.

The reporting person indirectly beneficially owns 2,301 shares of State Street common stock under State Street's 401(k) plan, based on a(3) plan statement dated as of October 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.