Lane Elizabeth R. Form 4 October 06, 2011

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Lane Elizabeth R.

(Last)

(City)

1. Title of

Security

(Instr. 3)

(First) (Middle)

520 LAKE COOK ROAD

(Street)

(State)

(Month/Day/Year)

DEERFIELD, IL 60015

2. Issuer Name and Ticker or Trading

Symbol

Fortune Brands Home & Security, Inc. [FBHS]

3. Date of Earliest Transaction (Month/Day/Year)

10/04/2011

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(Zip) 2. Transaction Date 2A. Deemed

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code

Disposed of (D) (Instr. 8)

(Instr. 3, 4 and 5)

Beneficially Owned Following Reported (A)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

Issuer

below)

Person

5. Amount of

Securities

Director

Applicable Line)

X\_ Officer (give title

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

**SVP-Human Resources** 

6. Ownership

Form: Direct

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

below)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Estimated average

burden hours per

7. Title and Amount Underlying Securiti (Instr. 3 and 4)

#### Edgar Filing: Lane Elizabeth R. - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Stock Options (Right to Buy)	\$ 12.3	10/04/2011		A	89,300		10/04/2013(1)	10/04/2021	Common Stock	89,3
Restricted Stock Unit	<u>(2)</u>	10/04/2011		A	30,900		(3)	<u>(3)</u>	Common Stock	30,9

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Lane Elizabeth R. 520 LAKE COOK ROAD DEERFIELD, IL 60015

**SVP-Human Resources** 

## **Signatures**

/s/ Angela M. Pla, Attorney-in-Fact for Elizabeth R.

Lane 10/06/2011

\*\*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) Reflects the grant of stock options under the issuer's Long-Term Incentive Plan. The options vest in three equal annual installments beginning October 4, 2013.
- (2) Each restricted stock unit represents a contingent right to receive one share of FBHS common stock.
  - Payment of the award will be made in three equal annual installments on October 4, 2013, October 4, 2014 and October 4, 2015 if Ms.
- (3) Lane remains employed through such dates, subject to special provisions in the event of death, disability or termination following a change in control.

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.

Reporting Owners 2