Edgar Filing: STATE STREET CORP - Form 4

STATE STRE	EET CORP											
Form 4												
May 16, 2014	Ļ											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB A	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB	3235-0287		
Check this	box		Was	hington,	D.C. 205	549			Number:			
if no longe	ar.					~			Expires:	January 31, 2005		
subject to	STAT	EMENT O	OF CHAN			CIA	LOW	NERSHIP OF	Estimated average			
Section 16				SECUR	SECURITIES					burden hours per		
Form 4 or Form 5			Casting 10	$(\cdot) \cdot f + 1$	0	F -	1	A - 4 - 6 1024	response 0.			
obligation	~ [~]						-	ge Act of 1934,				
may contin	nue. Section I) of the Inv	•	•	- ·		f 1935 or Section	11			
See Instruc	ction	30(II)) of the m	vestment	company	ACI	01 19	+0				
1(b).												
(Print or Type Ro	esponses)											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or [*]				Fradin	g	5. Relationship of	Reporting Per	son(s) to				
Fawcett Amelia C. Symbol				ol				Issuer				
			STATE	STREET	CORP [STT]		(Chec	k all applicable	a)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chee	k an appneabl	.)		
(Month/Da			Day/Year)				_X_ Director 10% Owner					
C/O STATE STREET 05/14/20				14			Officer (give title Other (specify below) below)					
	TON, ONE L	INCOLN						below)	below)			
STREET												
(Street) 4. If Am			4. If Amer	endment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mont				th/Day/Year)				Applicable Line)				
								_X_Form filed by C	One Reporting Pe fore than One Re			
BOSTON, M	IA 02111							Person		porting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed of	, or Beneficial	lly Owned		
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	ear) Executi	ion Date, if	Transactio Code	onAcquired				Form: Direct	Indirect		
(Instr. 3)		any (Month	/Day/Year)	Disposed of (D)			•	D) or ndirect (I)	Beneficial Ownership			
		(INIOIIIII	/Day/Teal)	(Instr. 8) (Instr. 3, 4 and 5)			3)			(Instr. 4)		
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	05/14/2014			А	2,159 (1)	А	\$0	27,109 (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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ve es d		Amou Unde Secur	le and unt of rlying rities : 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						
	Director	10% Owner	Officer	Other			
Fawcett Amelia C. C/O STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111	Х						
Signatures							
/s/ Shannon C. Stanley, Attorney-in-fact	05/16/2014						
<u>**</u> Signature of Reporting Person	Da	te					

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) Payment of Director's stock award.
- (2) Includes Director's stock compensation dividend equivalents acquired through the date of 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.