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Phalen James Form 4	s S										
November 05	5, 2012										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi if no long	ger STATI	MENT O	Г СН АХ	NERSHIP OF	Expires:	January 31, 2005					
subject to Section 1 Form 4 or	6. r				Estimated average burden hours per response (
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1	7(a) of the 1	Public U		ding Com	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
Phalen James S S				r Name and STREET				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check						k all applicable)		
			(Month/Day/Year) 11/01/2012					Director 10% Owner X Officer (give title Other (specify below) Executive Vice President			
				. 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			
(City)	(State)	(Zip)						Person			
							-	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execution any		3. Transactic Code (Instr. 8) Code V	4. Securiti or(A) or Dis (Instr. 3, 4) Amount	sposed	l 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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/01/2012			F	14,681 (<u>1)</u>	D	\$ 45.05	371,365 <u>(2)</u>	D		
Common Stock								840 <u>(3)</u>	I	401 (k) Plan	
Common Stock								29,477 <u>(4)</u>	I	By a trust	

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 formSEC 1474
(9-02)

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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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Title Amou Under Securi (Instr.	nt of lying	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	
Phalen James S STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111			Executive Vice President		
Signatures					
/s/ Shannon C. Stanley, Attorney-in-fact		11/05/2012			
<u>**</u> Signature of Reporting Person		Date			
Evaluation of Doon					

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.
- (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 840 shares of State Street common stock under State Street's 401(k) plan, based on a (3) plan statement dated as of October 31, 2012. 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.

(4) By a trust. The reporting person continues to report beneficial ownership of STT common stock held by the trust but disclaims beneficial ownership except to the extent of his pecuniary interest therein.

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.