Edgar Filing: STATE STREET CORP - Form 4

	REET CORP										
Form 4											
January 23, 2						~~~			OMB AF	PROVAL	
Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check th if no long	10r							Expires:	January 31 2005		
subject to Section 1 Form 4 o Form 5		F CHANGES IN BENEFICIAL OWN SECURITIES						Estimated average burden hours per response			
obligatio may cont <i>See</i> Instru 1(b).	ns tinue. Section 17	(a) of the l	Public U	tility Hol		ipany	Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type I	Responses)										
Phalen James S Sy					Ticker or		-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check	eck all applicable)		
STATE STI		`	(Month/E 01/19/2	Day/Year)				Director X_Officer (give below)		Owner er (specify	
			endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
BOSTON, I	MA 02111							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative S	Securi	ties Acq	uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, it any (Month/Day/Year)		n Date, if	Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
~				Code V		(D)	Price	(Instr. 3 and 4)			
Common Stock	01/19/2017			А	27,935 (1)	А	\$0	366,818 <u>(2)</u>	D		
Common Stock	01/20/2017			F	1,122 (3)	D	\$ 79.01	365,696 <u>(2)</u>	D		
Common Stock								901 <u>(4)</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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information contained in this form are not
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(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	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			Vice Chairman				
Signatures							
/s/ Shannon C. Stanley, Attorney-in-fact		01/23/2017					
**Signature of Reporting Person		Date					
E							

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) Restricted stock units granted pursuant to State Street Corporation 2006 Equity Incentive Plan.
- (2) The balance reflects the amount of shares beneficially owned, including shares received due to dividend reinvestment, as of the date of this report.
- (3) These shares were withheld to satisfy tax withholding obligations in connection with the vesting of previously awarded deferred stock.

The reporting person indirectly beneficially owns the indicated shares of State Street common stock under State Street's 401(k) plan,(4) based on a plan statement dated as of December 31, 2016. 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.