Fortune Brands Home & Security, Inc.

Form 4

October 06, 2011

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

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(b).

(Last)

(City)

1. Title of

Security

(Instr. 3)

1. Name and Address of Reporting Person *

KLEIN CHRISTOPHER J

(First) (Middle)

520 LAKE COOK ROAD

DEERFIELD, IL 60015

(Street)

(State)

(Month/Day/Year)

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

2. Transaction Date 2A. Deemed Execution Date, if

(Month/Day/Year)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code

Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

Reported (A) Transaction(s)

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

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 Conversion Security or Exercise

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

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

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

7. Title and Amou Underlying Securi (Instr. 3 and 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Chief Executive Officer

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)

10% Owner Other (specify

7. Nature of

Ownership

(Instr. 4)

(9-02)

Indirect

Issuer

below)

Person

5. Amount of

Securities

Following

Owned

Beneficially

Director

Applicable Line)

X_ Officer (give title

Estimated average

burden hours per

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8) | | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | | |
|---------------------------------------|------------------------------------|------------|------------------|------------|---|---|--------------------------|--------------------|------------|--------------------|-----|
| | | | | Code | V | (A) | (A) (D) Date Exercisable | Expiration Date | Title | Amo Nun Shar | |
| Stock Options (Right to Buy) | \$ 12.3 | 10/04/2011 | | A | V | 785,700 | | 10/04/2013(1) | 10/04/2021 | Common Stock | 78: |
| Restricted Stock Unit | <u>(2)</u> | 10/04/2011 | | A | | 271,600 | | <u>(3)</u> | (3) | Common | 27 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KLEIN CHRISTOPHER J 520 LAKE COOK ROAD DEERFIELD, IL 60015

Chief Executive Officer

Signatures

/s/ Angela M. Pla, Attorney-in-Fact for Christopher J.

Klein 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 on October 4, 2013, October 4, 2014 and October 4, 2015 if certain performance goals are met and (3) Mr. Klein 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.

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