## Edgar Filing: Grove Hannah M - Form 4

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August 14, 2	2017										
								OMB AF	PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 o Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed put ons tinue.								Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Grove Hannah M			2. Issuer Name <b>and</b> Ticker or Trading Symbol STATE STREET CORP [STT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) STATE STREET CORPORATION, ONE LINCOLN			3. Date of Earliest Transaction (Month/Day/Year) 08/10/2017					Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President			
			endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
BOSTON,	MA 02111							Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	(Instr. 3,	ispose 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/10/2017			Code V S	Amount 3,200	(D) D	Price \$ 92.55	39,896	D		
Common Stock								22 <u>(1)</u>	Ι	401 (k) Plan	

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.

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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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	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		
Grove Hannah M STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111			Executive Vice President			
Signatures						
/s/ Jeremy Kream,	08/14	/2017				

Date

## Attorney-in-fact

\*\*Signature of Reporting Person

**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).

The reporting person indirectly beneficially owns the indicated shares of State Street common stock under State Street's 401(k) plan, (1) based on a plan statement dated as of July 31, 2017. 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.