Edgar Filing: STATE STREET CORP - Form 4

STATE STRI	EET CORP											
Form 4												
May 16, 2014	ŀ											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this				0 /					Expires:	January 31,		
subject to				GES IN BENEFICIAL OWNERSHIP OF SECURITIES				Estimated average burden hours per				
Form 5		Eiled numericant to Section $16(a)$ of the Securities Exchanges A at af 1024							response	0.5		
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)											
			2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			STATE	STREET	CORP [STT]		(Chec	ck all applicable)		
(Last)	(First) (N	Middle)	3. Date of	Earliest Tr	ansaction			(ener	ck an application	-)		
(Month/Da			ay/Year)				X Director 10% Owner					
C/O STATE STREET 05/14/20			2014				Officer (give title Other (specify below) below)					
CORPORAT STREET	TION, ONE LIN	COLN							0010 (())			
				endment, Date Original				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
				onth/Day/Year)								
BOSTON, M	IA 02111							Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		med on Date, if	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)				Securities I	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial		
	(Month/D		Day/Year)			(Instr. 3, 4 and 5) (A) or Amount (D) Price		Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
Common Stock	05/14/2014			A	4,704 (1)	A	\$ 0	55,199 <u>(2)</u>	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 o Derivativ Security (Instr. 3)	ve Conversion or Exercise	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	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
BURNES KENNETT F C/O STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111	Х						
Signatures							
/s/ Shannon C. Stanley, Attorney-in-fact	05/16	6/2014					
** Signature of Reporting Person	Da	ite					

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 and retainers.
- (2) Includes Director's stock compensation dividend equivalents and shares acquired due to dividend reinvestment 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.