## FORM 4

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 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	PROVAL
OMB Number:	3235-028

L	Estimated average burden	
	hours per response:	0.5

1. Name and Addres Lingafelter D	es of Reporting Person avid B.	ı*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Fortune Brands Home &amp; Security, Inc.</u> [ FBHS ]		tionship of Reporting Persc all applicable) Director Officer (give title below)	on(s) to Issuer 10% Owner Other (specify below)
(Last) (First) (Middle) 520 LAKE COOK ROAD		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015		President, Moen Inco	· · · · /
(Street) DEERFIELD (City)	IL (State)	60015 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing ( Form filed by One Repor Form filed by More than Person	ting Person

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, Par Value \$0.01	02/05/2015		A <sup>(1)</sup>		27,400	A	\$0.00	83,832 <sup>(2)</sup>	D	
Common Stock, Par Value \$0.01	02/05/2015		F <sup>(3)</sup>		9,757	D	\$43.93	74,075 <sup>(2)</sup>	D	
Common Stock, Par Value \$0.01								609	Ι	By Fortune Brands Home & Security, Inc. Retirement Savings Plan

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(c.g., )						ans,	vvaii	ams,	options, t	Junventin	ie set	Junitesj				
	1. Title of Derivative Security (Instr. 3)	ive Conversion Date y or Exercise (Month/D		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Reflects the grant of shares pursuant to a performance share award (PSA) for the period January 2012 to December 2014 under the issuer's Long-Term Incentive Plan in a transaction that is exempt under Rule 16b-3(d).

2. Includes a total of 39,965 restricted stock units that have not yet vested.

3. Reflects the withholding by the issuer of shares having a fair market value equal to the withholding taxes payable by the undersigned at the time the PSA award vested and became payable, such transaction being exempt under Rule 16b-3(e).

## **Remarks:**

/s/ Angela M. Pla, Attorney-in-02/09/2015

Fact for David B. Lingafelter

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.