FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| 1. Name and Address of Reporting Person* Randich David | | | | | | 2. Issuer Name and Ticker or Trading Symbol Fortune Brands Home & Security, Inc. [FBHS] | | | | | | | | | k all applic Directo | able) | Pers | 10% Ov Other (s | vner |
|---|--|--|---|-----------------------------|-------------------------|---|----------|------|--|---------------------------------------|--------------------|--|-----------------------------------|---|---|--|------|--|---|
| (Last) (First) (Middle) 520 LAKE COOK ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015 | | | | | | | | | , | ent Maste | rBra | nd Cabine | its |
| (Street) DEERFIELD IL 60015 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/25/2015 | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) | (5 | itate) | (Zip) | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | -Deriv | ative | e Se | curities | s Ac | quired, | Dis | posed o | f, or Be | nefici | ially | Owned | | | | |
| 1. Title of S | Security (Ins | tr. 3) | | 2. Trans Date (Month/ | | Execution | | | Code (I | 4. Securiti Disposed (Instr. 5) | | ties Acquired (A) o | | r and | 5. Amour Securitie Beneficia Owned F | es Forn ally (D) o following (I) (Ir | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Pric | e | Transact (Instr. 3 a | ction(s) | | | (111501.4) |
| | 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) | 3A. Deemec Execution I if any (Month/Day | Date, | I. Transa Code (I | | of | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Derivative Security | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Options (Right to Buy) | \$47.87 ⁽¹⁾ | 02/23/2015 | | | A ⁽²⁾ | | 31,600 | | (3) | 0 | 2/23/2025 | Common Stock | 31,60 | 00 | \$0.00 | 31,600 | | D | |

Explanation of Responses:

- 1. This amended report is filed to correct the exercise price of the stock options granted on February 23, 2015, which was inadvertently misstated in the original form.
- 2. Reflects the grant of options under the issuer's Long-Term Incentive Plans.
- ${\it 3. The options vest in three equal annual installments beginning on February 28, 2016.}\\$

Remarks:

/s/ Angela M. Pla, Attorney-in-Fact for David M. Randich

10/07/2015

** 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.