FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

mstru	ction 1(b).			Filed			ection 16(a) (h) of the In			es Exchang npany Act o		934					
1. Name and Address of Reporting Person* Fink Nicholas I.					2. Issuer Name and Ticker or Trading Symbol Fortune Brands Innovations, Inc. [FBIN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
T IIIK I	iterioras 1.	•										_	X Direc		10% C		
(Last)	, , , , , , , , , , , , , , , , , , , ,					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024							belov	Officer (give title below) Chief Executive Officer			
		OS INNOVATIO	ONS, IN	C.													
520 LAKE COOK ROAD				If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)					
(Street)														,	Reporting Pers		
DEERF:	IELD IL		60015										Perso		re than One Rep	orting	
(City) (State) (Zip)					Rule	Rule 10b5-1(c) Transaction Indication											
Check this box to indicate that a transaction was made satisfy the affirmative defense conditions of Rule 10b										ade pursua 0b5-1(c). S	int to a c ee Instru	ontract, instr ction 10.	uction or writte	en plan that is inte	ended to		
		Tabl	e I - No	n-Deriva	tive S	ecuri	ties Acq	uired,	Dis	oosed of	, or Bei	neficia	ally Own	ed			
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)					nd Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		ed ection(s) 3 and 4)		(Instr. 4)	
Commor	Stock, Par	Value \$0.01		02/15/	2024			G ⁽¹⁾		644	D	\$0	203	3,395(2)	D		
Commor	Stock, Par	Value \$0.01		02/16/	2024			G ⁽¹⁾		1,827	D	\$0	201	1,568(2)	D		
																Held by trusts fo	
Commor	Stock, Par	Value \$0.01		02/16/	2024			G ⁽¹⁾	V	1,536	A	\$0	5	,828	I	the benefit of heirs	
Commor	Stock, Par	Value \$0.01		02/15/	2024			G ⁽¹⁾	V	644	A	\$0		644	I	Held by Spouse	
Commor	Stock, Par	Value \$0.01		02/16/	2024			G ⁽¹⁾		644	D	\$0		0	I	Held by Spouse	
Common Stock, Par Value \$0.01												19	9,446	I	Held by 2022 Grantor Retained Annuity Trust		
Common Stock, Par Value \$0.10													5.	5,852	I	Held by 2023 Grantor Retained Anuity Trust	
		Ta	able II -							osed of, o				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) if any		ed 4. Date, Transact Code (In		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	options, conve 6. Date Exercisable a Expiration Date (Month/Day/Year)		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owners (Instr. 4)	

Explanation of Responses:

1. For financial planning purposes, Mr. Fink and his spouse underwent a series of gifts to trusts for the benefit of their children. Mr. Fink also gifted shares to a charitable donor advised fund.

(A) (D)

Code

Date Exercisable

Expiration Date

2. Includes a total of 93,175 restricted stock units that have not yet vested.

Amount or Number

of Shares

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.