FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549

Wasiiiigton, D.C. 20049	OMB APPROVAL				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

OMB Number: 3235-028					
Estimated average but	rden				
hours per response:	0.5				

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person*  Papesh Kristin				2. Issuer Name and Ticker or Trading Symbol Fortune Brands Innovations, Inc. [FBIN]								(Ch	5. Relationship of Report (Check all applicable) Director Officer (give title			rson(s) to Is 10% Ov Other (s	vner		
(Last) (First) (Middle) FORTUNE BRANDS INNOVATIONS, INC. 520 LAKE COOK ROAD, SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 12/11/2024								Officer (give title Other (specify below)  EVP and CHRO						
(Street) DEERFIELD IL 60015 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person						
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	3ene	ficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		Date,	Transaction Disposed Of Code (Instr. 5)			es Acquired (A) Of (D) (Instr. 3, 4			Benefic	ies cially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or F	rice	Transa	insaction(s) str. 3 and 4)			(111301. 4)	
Common Stock, Par Value \$0.01 12/11/2					2024			F <sup>(1)</sup>		303	I	) (	\$78.2	8 4,	4,079(2)		D		
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)	Derivative Conversion Date Security or Exercise (Month/Day/Year)   Execution Date, if any			Transaction Code (Instr. 8) Of Deri Sec Acq (A) Oisp of (I		osed ) : 3, 4	Expiration Date		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Shar	ber					

## **Explanation of Responses:**

- 1. 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 award vested and became payable, such transaction being exempt under Rule 16b-3(e).
- 2. Includes a total of 3,700 restricted stock units that have not yet vested.

/s/ Angela M. Pla, Attorneyin-Fact for Kristin Papesh

12/11/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.