FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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

| Name and Address of Reporting Person* Luburic Danny | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Fortune Brands Home & Security, Inc. [FBHS] | | | | | | | | | all app | olicable) | | Ssuer Owner (specify | |
|---|---|--|--|---------|---|--|--|--------|--|---------------|---------------------|---|-------|-----------------------|------|--|---|---|--|--|
| (Last) (First) (Middle) FORTUNE BRANDS HOME & SECURITY, INC. 520 LAKE COOK ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2019 | | | | | | | | | | А | X Officer (give title below) Vice President & Controller | | | | |
| (Street) DEERFIELD IL 60015 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | | | Securi Benefi | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | Transa | | action(s) 3 and 4) | | (Instr. 4) | | | | |
| Common Stock, Par Value \$0.01 02/07/ | | | | | | | | | | | 1,617 | , | A | \$0.00 | | 12,332(2) | | D | | |
| Common Stock, Par Value \$0.01 02/07/ | | | | | | | | | F ⁽³⁾ | | 560 | | D | \$44.75 | | 11,772(2) | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Reflects the grant of shares pursuant to a performance award for the period January 2016 to December 2018 under the issuer's Long-Term Incentive Plan in a transaction that is exempt under Rule 16b-3(d).
- 2. Includes a total of 2,490 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 award vested and became payable, such transaction being exempt under Rule 16b-3(e).

Remarks:

/s/ Robert K. Biggart, attorneyin- fact for Danny Luburic

** 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.