FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-02								

87 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).

## 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

							. ,				<u>'                                    </u>										
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Fortune Brands Home & Security, Inc.									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Thomas Martin						\$ · · · · · · · · · · · · · · · · · · ·										Direc	ctor		10% C	wner	
(Last) (First) (Middle)						FBHS ]									X	Office			Other below)	(specify	
(Last)	(FI	rst) (	Middle)		3 D	3. Date of Earliest Transaction (Month/Day/Year)								$\neg$	SVP Ops &Supply Chain Strategy					tegy	
FORTUNE BRANDS HOME & SECURITY, INC.						09/05/2017										U V I V	эрэ ссэцрг	ory Criain	.i ouu	icgy	
F20 LAVE COOK BOAD					"	05/05/201/															
520 LAKE COOK ROAD					4.16	4 If Amendment Detect Original Filed (Mently D. 1977)									C. ladicidual an InitatiOnnum Filian (Obsala A. III. III						
					.   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														-	,	Гото	filed by On	o Donoutin	~ Doro		
DEERFI	ELD IL	(	50015												X		n filed by One		-		
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(City)	(SI	ate) (	Zip)																		
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1. Title of S	Security (Inst	r. 3)		2. Trans	action	ction 2A. Deemed Execution Date, if any (Month/Day/Year)			3.	Transaction Disposed Of (D) (Ins								6. Owner		7. Nature	
		,		Date	DaviVa								Of (D) (Instr. 3, 4			Securi			orm: Direct D) or Indirect	of Indirect Beneficial	
				(Month/i	Dayrrea				Code (Instr.   5)						Benef Owne		l Following		(I) (Instr. 4)	Ownership	
						(,		<u> </u>	·					Reported		ted	( )	^ /	(Instr. 4)		
									Code	l۷	Amount	- 18	(A) or Price								
										_	_	<del>                                      </del>			<u> </u>						
Common Stock, Par Value \$0.01 09/05/					5/2017	/2017			A <sup>(1)</sup>	$A^{(1)} \qquad \qquad 3$		3,985 A		\$ <mark>0</mark> .	.00 3,985		D				
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1. Title of	2.	3. Transaction	3A. Deem		4.				6. Date Expiratio					8. Price of		9. Number o		10. Ownership	11. Nature of Indirect		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I			Transaction Code (Instr.				n Date ay/Ye			Amount of Securities		Derivative Security		derivative Securities	Form		Beneficial	
(Instr. 3)	Price of		(Month/Da	ıy/Year)	8)		Securities		(	u,,	,	Und	Underlying		(Instr. 5)		Beneficially	Direc	Direct (D)	Ownership	
	Derivative						Acquired			Derivative				-t 2			Owned	or Indirect (I) (Instr. 4)	(Instr. 4)		
Security						(A) or Disposed					Security (Instr. and 4)			sır. 3	3		Following Reported	(1) (11)	Str. 4)		
							of (D)	) [		unu 4)							Transaction	(s)			
								(Instr. 3, 4 and 5)					l				(Instr. 4)		1		
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					Code	V	(A)	(D)	Exercisal	ble	Date	Title	Sha	res							

#### **Explanation of Responses:**

1. Reflects the grant of restricted stock units awarded to the reporting person that vest in three equal annual installments, subject to continued employment through such vesting dates. Each restricted stock until represents a contingent right to receive one share of the issuer's common stock.

## Remarks:

/s/ Angela M. Pla, Attorney-in-09/06/2017 Fact for Martin Thomas

\*\* 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.