Edgar Filing: MATTEL INC /DE/ - Form 4

MATTEL IN	IC /DE/										
Form 4											
March 17, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check the if no long	ter								Expires:	January 31,	
subject to	siect to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated average			
Section 1		SECURITIES							burden hours per		
Form 4 o Form 5			7	$(\cdot) \cdot f \cdot h$	G	·		· A - + - € 1024	response	0.5	
obligation	*						•	e Act of 1934,			
may cont	inue. Section 1			vestment				1935 or Section	n		
See Instru 1(b).	uction	50(II)	of the m	vestment	Compan	y At	101174	ю			
1(0).											
(Print or Type F	Responses)										
	ddress of Reportin	ng Person [*]	2. Issuer	Name and	Ticker or	Tradir	ng		Reporting Person(s) to		
STOCKTON BRYAN Symbol Issuer						Issuer					
MA				IATTEL INC /DE/ [MAT]				(Check all applicable)			
(Last)	(First) (Middle) 3. Date of Earliest Transaction								,		
				nth/Day/Year)			Director 10% Owner X Officer (give title Other (specify				
MATTEL, INC., 333 03/16/2006 CONTINENTAL BLVD.				006	below)			below)			
CONTINEN	NIAL BLVD.							EVE	P International		
	(Street)		4. If Ame	ndment, Da	te Original	l		6. Individual or Jo	oint/Group Filin	g(Check	
Filed(Month/				nth/Day/Year))			Applicable Line)			
EL SEGUNDO, CA 90245 _X_ Form filed by One Reporting Person Form filed by More than One Reporting Reporting Reporting											
EL SEGUN	DO, CA 90245)						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D			3.	4. Securit			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Yea		n Date, if	Transactio Code	n(A) or Di (Instr. 3,			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month/I	Day/Year)	(Instr. 8)	(insu. 5,	4 anu	5)	Owned	Indirect (I)		
			•					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	D ·	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$				
Stock	03/16/2006			F	1,788	D	ф 17.08	3,212	Ι	In Trust (1)	
STOCK							17.00				

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: MATTEL INC /DE/ - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Add	dress	Relationships					
	Director	10% Owner	Officer	Other			
STOCKTON BRYAN MATTEL, INC. 333 CONTINENTAL BL EL SEGUNDO, CA 9024			EVP International				
Signatures							
/s/ Bryan G. Stockton	03/16/2006						
**Signature of Reporting Person	Date						

Explanation of Responses:

* 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).

(1) The shares are held indirectly by Mr. Stockton as Trustee of the Bryan G. Stockton Living Trust.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.