### Edgar Filing: Ansell Jeffrey D - Form 4

Form 4	ey D										
December 0									OMB AF	PROVAL	
FORM	<b>4</b> UNITED	STATES		RITIES A shington			ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check th if no lon	ger STATEN	AENT OI	F CHANGES IN BENEFICIAL OWN					ERSHIP OF	Expires:	January 31, 2005	
subject t Section Form 4 c	0 16.					101			Estimated average burden hours per response 0.		
Form 5 obligation may con <i>See</i> Instr 1(b).	tinue. Section 17	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, ection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Ansell Jeffrey D			2. Issuer Name <b>and</b> Ticker or Trading Symbol STANLEY BLACK & DECKER, INC. [SWK]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 1000 STANLEY DRIVE (Street)			3. Date of Earliest Transaction (Month/Day/Year) 12/02/2017					Director 10% Owner X Officer (give title Other (specify below) below) EVP & Group Executive-GT&S			
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW BRIT	CAIN, CT 06053							Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) ay/Year) (Instr. 8)			(D)	) 5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	12/02/2017			D	692 <u>(1)</u>	D	\$ 168.235	53,117	D		
Common Stock	12/04/2017			D	637 <u>(1)</u>	D	\$ 170.05	52,480	D		

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

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# 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te Underlying Securitie		Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Interest In Employer Stock Fund (401(k) Plan) (2)	<u>(3)</u>					(3)	<u>(3)</u>	Common Stock	1,334.7058
Interest in Employer Stock Fund (Supplemental Plan) (4)	(3)					<u>(3)</u>	<u>(3)</u>	Common Stock	1,276.8896

### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Ansell Jeffrey D 1000 STANLEY DRIVE NEW BRITAIN, CT 06053			EVP & Group Executive-GT&S				
Signatures							
/s/ Kathryn P. Sherer, Attorney-in-Fact		12/05/20	17				

\*\*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) Shares withheld to cover taxes on vesting of restricted stock units
- (2) Represents shares held for the reporting person under the Company's 401(k) Savings Plan as of the last day of the previous calendar month including shares acquired or disposed of on various dates since balance was last reported.

(3) Exempt

(4)

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Represents shares held for the reporting person under the Company's Supplemental Plan as of the last day of the previous calendar month including shares acquired or disposed of on various dates since balance was last reported.

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.