Edgar Filing: STATE STREET Corp - Form 4

STATE STR	EET Corp											
Form 4												
October 26, 2	2009											
FORM	4	-									PPROVAL	
	• • UNITE	D STATE						IGE (COMMISSION		3235-0287	
Check thi	s box		Was	hington	, D	D.C. 205	49			Number:	January 31,	
if no long	er STAT	EMENT O	FCHAN	CES IN	R	FNFFI	стат	OW	NERSHIP OF	Expires:	2005	
subject to Section 10							CIAI	2 U W		Estimated average		
Form 4 or								burden hours per response 0.5				
Form 5								163p01136	0.0			
obligation	¹⁸ Section 1							•	f 1935 or Section	n		
may conti <i>See</i> Instru		30(h) of the Inv	vestmen	t C	ompany	Act	of 194	40			
1(b).												
(Print or Type R	Responses)											
1 Name and A	ddress of Reporti	ng Person *	2 1	Name	JТ		···· 41:	_	5. Relationship of	Reporting Per	son(s) to	
				2. Issuer Name and Ticker or Trading					Issuer			
2			-	Symbol STATE STREET Corp [STT]								
(Last)	(First)	(Middle)				^ -			(Chec	k all applicable	e)	
(Last)	(Filst)	(Middle)	3. Date of (Month/D		ran	isaction			Director	10%	Owner	
				22/2009					X Officer (give title Other (specify			
	ΓΙΟΝ, ONE L	INCOLN	10/22/20						below) Executi	below) ve Vice Presid	ent	
STREET									Executi		CIII	
	(Street)		4. If Ame	ndment, D	ate	Original			6. Individual or Jo	oint/Group Filir	1g(Check	
· / / ·····				led(Month/Day/Year)					Applicable Line)			
									_X_Form filed by C			
BOSTON, N	/IA 02111								Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-l	Der	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. De	emed	3.	4	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye		on Date, if Transaction(A) or Disposed of					of	Securities	Form: Direct		
(Instr. 3)		any (Month	Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	Beneficially Owned	· /	Beneficial Ownership			
		(monu	/Duy/Tear)	(Insu: 0)				,	Following	(Instr. 4)	(Instr. 4)	
							(A)		Reported			
							or		Transaction(s) (Instr. 3 and 4)			
C				Code V		Amount	(D)	Price	(insure und 1)			
Common Stock	10/22/2009			А		64,268	А	\$0	116,134 <u>(2)</u>	D		

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
OLeary David C STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111			Executive Vice President			
Signatures						
/s/ Shannon C. Stanley, Attorney-in-fact		10/26/2009				
**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) Restricted stock award granted pursuant to State Street Corporation 2006 Equity Incentive Plan.
- (2) The balance reflects the amount of shares beneficially owned, including shares received due to dividend reinvestment, as of the date of this report.

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.