## Edgar Filing: STATE STREET CORP - Form 4

STATE STR	EET CORP										
Form 4	_										
April 20, 200											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	MB APPROVAL		
	UNIII	ED STATES		hington, 1			NGE		OMB Number:	3235-0287	
Check this	s box		vv a51	inington,	D.C. 20.	747			Expires:	January 31,	
if no longer STATEMENT OF CHANGES					ES IN BENEFICIAL OWNERSHIP OF					2005	
subject to Section 10		SECUDITIES							Estimated average burden hours per		
Form 4 or									response	•	
Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligation may conti				•	•	- ·		of 1935 or Sectio	n		
See Instru		30(h)	of the Inv	estment (	Company	y Act	of 19	40			
1(b).											
(Print or Type R	(esponses)										
<b>5</b> 1	1										
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name and Ticker or Trading 5. Relationship of I								f Reporting Per	Reporting Person(s) to		
GOLDSTEIN ARTHUR L Symbol				-				Issuer			
STATE STREET CORP [STT]					(Chec	(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(ener	.k an appliedok	-)	
			(Month/Da	y/Year)				_X_ Director		Owner	
			04/18/20	04/18/2007				Officer (give title         Other (specify           below)         below)			
	FION, ONE I	LINCOLN						,	,		
STREET											
				f Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(M				h/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON, M	IA 02111-29	00						Form filed by M			
		00						Person			
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Securi			5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y		on Date, if	Transactio	-			Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month)	/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,		·	Beneficially Owned		Beneficial Ownership	
		• • • • • • • • •				Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported Transaction(s)			
				~		or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	, , ,			
Stock	04/18/2007			А	1,595 (1)	А	\$0	32,719 <u>(2)</u>	D		
Stoon					_						

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. Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Iumber Expiration Date f (Month/Day/Year Derivative ecurities Acquired A) or Disposed f (D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Treporting of the Fillmoot Fillmoot	Director	10% Owner	Officer	Other			
GOLDSTEIN ARTHUR L C/O STATE STREET CORPORATION ONE LINCOLN STREET BOSTON, MA 02111-2900	Х						
Signatures							
/s/ Richard P. Jacobson, Attorney-in-fact	04/20	0/2007					
**Signature of Reporting Person	D	ate					

## **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) Payment of Director's stock award.
- (2) Includes Director's stock compensation dividend equivalents through 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.