FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no long | er subject to |
|---------------------------|---------------|
| Section 16. Form 4 or Fo | |
| obligations may continue | |
| 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| Estimated average burden | | | | | | | | |
|---|---------------------|-----|--|--|--|--|--|--|
| | hours per response: | 0.5 | | | | | | |
| - | | | | | | | | |
| . Relationship of Reporting Person(s) to Issuer | | | | | | | | |

| 1. Name and Addrese Lombardi Ro | 1 0 | Person* | | stige Brands H | 0 | · | | all applicable) | 10% 0 | Dwner |
|--|--------------------|----------------|-----------|---------------------------------|----------------|------------------------------|------------------------|---|---------------------------------|---------------|
| (Last) 660 WHITE PL | (First) AINS RD | (Middle) | | te of Earliest Transa 5/2014 | ction (Month/E | Day/Year) | X | Officer (give title below) Chief Fina | Other below ncial Officer | (specify) |
| (Street) TARRYTOWN (City) | NY (State) | 10591 (Zip) | — 4. If A | mendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Group Form filed by On Form filed by Mo Person | e Reporting Pers | son |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1 | () | 0.7 | | AA Desmand | | 4. Committing Associated (A) | | E A | a australia | 7. 1 |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|---|-----------------------------|---|---|---------------|---------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock, par value \$0.01 per share | 01/25/2014 | | F | | 3,194 | D | \$30.79 | 90,433 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and 8. Price of Derivative 1. Title of 7. Title and 9. Number of 3. Transaction 3A. Deemed 5. Number 10. 11. Nature Derivative Security (Instr. 3) Conversion Execution Date Transaction Expiration Date (Month/Day/Year) Amount of derivative Ownership of Indirect Date (Month/Day/Year) of Derivative Code (Instr. 8) Securities Security (Instr. 5) or Exercise if anv Securities Form: Beneficial Beneficially Owned Price of Derivative (Month/Day/Year) Securities Underlying Direct (D) Ownership (Instr. 4) or Indirect (I) (Instr. 4) Acquired Derivative (A) or Disposed Following Reported Security Security (Instr. 3 and 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount o Number Expiration Date of Code ν (A) (D) Exercisable Date Title Shares

Explanation of Responses:

/s/ Ronald M. Lombardi by

Samuel C. Cowley pursuant to power of attorney dated May 8, 01/28/2014 2012 on file with the

Commission

** 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.