FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF (| CHANGES | IN RENE | FICΙΔΙ | OWNERS | ΗΙΡ |
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| STATEMENT | OF (| SHANGES | | FICIAL | OWNERS | ПІГ |

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| | OMB Number: | 3235-0287 |
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| | hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Rovit Hugh R | | | | | 2. Issuer Name and Ticker or Trading Symbol Spectrum Brands Holdings, Inc. [SPB] | | | | | | | | | | ionship of Reportin all applicable) Director | | 10% (| | Owner | | | |
|---|--|---------|------------------|-------|--|---|---|--|-----|--------------------------------------|-----------|---|---|--------------|--|---|--|-----------------------------|--|---|---|--|
| (Last) (First) (Middle) C/O SPECTRUM BRANDS HOLDINGS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2014 | | | | | | | | | | | Office below | fficer (give title elow) | | Other (specify below) | | |
| 3001 DEMING WAY | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) MIDDLETON WI 53562 | | | | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | Date | Date (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secu Bend Own | | urities F eficially (I | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Cod | e V | | Amount | (| A) or D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (| |
| Common | Stock | | | 01/01 | 01/01/2014 | | | | A | | | 1,116 | 6 | A \$0 | | 0(1) 17,368 | | | D | | | |
| | 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) (Month/Day/Year) Execution Date (Month/Day/Year) (Month/Day/Year) | | | Date, y/Year) | | Transaction Code (Instr. 8) Sec Acc (A) District of (Instr. 9) Dist | | osed) r. 3, 4 | | | ate /ear | (piration | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | - | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | .0. Ownership Form: Oirnect (D) Or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The shares were received pursuant to the Reporting Person's election to receive stock in lieu of cash for the quarterly retainers for the remainder of the 2014 fiscal year paid for service as a member of the Board of Directors and are scheduled to vest in full on September 30, 2014.

Remarks:

/s/ Nathan E. Fagre, attorney-01/06/2013 in-fact

** 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.