#### Edgar Filing: ENERGIZER HOLDINGS INC - Form 4

ENERGIZE Form 4 June 12, 20	ER HOLDINGS IN	NC									
FORM 4 UNITED STATES O									-	PPROVAL	
	STATES	SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					COMMISSION	OMB Number:	3235-028	37	
Check the check	gar									January 31 200	
subject t Section Form 4	MENT OF	ENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 0		
Form 5 obligatio may cor <i>See</i> Instr 1(b).	ons Section 17(	(a) of the H	Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940								
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Johnson James C			2. Issuer Name <b>and</b> Ticker or Trading Symbol ENERGIZER HOLDINGS INC				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[ENR]								
INC., 533 I	(First) ( ER HOLDINGS, MARYVILLE ITY DRIVE	Middle)		of Earliest Tr Day/Year) 2015	ransaction			X Director Officer (give below)	title 0th below)	% Owner er (specify	
(Street)			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			
ST. LOUIS	, MO 63141							Form filed by N Person	Iore than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities A	cquired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) and and (A) or	)	SecuritiesFBeneficially(Owned(	b. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	port on a separate line	e for each cla	ass of sec	urities benef	-		-	or indirectly.	tion of	YEC 1474	

Persons who respond to the collection of information contained in this form are not (9-02) 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. TransactionNumber Code of (Instr. 8) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year) tive ies ed ed 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units in Deferred Compensation Plan	\$ 0	06/10/2015		А	1 (1)	(2)	(2)	Energizer Holdings, Inc. Common Stock	1	\$

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Johnson James C								

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Johnson James C ENERGIZER HOLDINGS, INC. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141

## Signatures

JAMES C. JOHNSON 06/12/2015 \*\*Signature of Date

Reporting Person

# **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) Dividend equivalent payment credited to the Reporting Person's balance in the Energizer stock fund of the Company's deferred compensation plan in the form of additional units.
- (2) Phantom stock units are payable in cash following termination of the Reporting Person's service on the Board of Directors of Energizer Holdings, Inc.

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.