Edgar Filing: AVON PRODUCTS INC - Form 4

AVON PRODU	CTS INC										
Form 4											
April 02, 2008											
FORM 4						~~~			PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	r: 3235-0287		
Check this bo	х			U	Expires:	January 3					
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								רי י ד	Estimated average		
Section 16. SECURITIES									burden hours per		
Form 4 or								response	•	0.5	
Form 5 obligations may continue. <i>See</i> Instructio 1(b).	Section 17((a) of the l	Public U	Itility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940				
(Print or Type Respo	onses)										
1. Name and Addre	Person [*]	2. Issue	er Name an	d Ticker or	Trading	5. Relationship of Reporting Person(s) to					
MOORE ANN S			Symbol AVON	PRODU	CTS INC	[AVP]	Issuer (Check all applicable)				
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction		(Check an applicable)				
			(Month/Day/Year)				_X_ Director 10% Owner				
1345 AVENUE OF THE			03/31/2008			Officer (give title Other (specify below) below)					
AMERICAS							below)	below)			
(Street)			4. If Am	endment, D	ate Origina	1	6. Individual or Joint/Group Filing(Check				
		Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by One Reporting Person					
NEW YORK, N	NY 11735							More than One R			
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of 2. Tr	ransaction Date	2A. Deem	ed	3.	4. Securiti	ies	5. Amount of	6. Ownership	7. Nature of		
-	nth/Day/Year)	Execution Date, if		TransactionAcquired (A) or			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/D	(Vaar)	Code (Instr. 8)	Disposed		Beneficially Owned	(D) or Indirect			
		(Month/Da	iy/rear)	(IIIsu. 8)	(Instr. 3, 4	Fallo S)	Following	(I) (Instr. 4)	Ownership (Instr. 4)		
						(A)	Reported				
						or	Transaction(s)				
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Report o	on a separate line	e for each cl	ass of sec	urities bene	ficially own	ned directly of	or indirectly.				
					inform requir	nation cont ed to respo	pond to the colle ained in this form and unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

number.

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8		Acquired (or Dispose (D) (Instr. 3, 4 and 5)	ed of					(Inst
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (1)	(2)	03/31/2008		А		315.83		<u>(1)</u>	<u>(1)</u>	Common Stock	315.83	\$ 3

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MOORE ANN S 1345 AVENUE OF THE AMERICAS NEW YORK, NY 11735	Х						
Signatures							
By Kim K. Azzarelli, Attorney-In-Fact	04/02	2/2008					

**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) Under the Board of Directors of Avon Products, Inc. Deferred Compension Plan (the "Plan") directors may defer receipt of quarterly fees into a cash account or an Avon stock unit account. All amounts deferred are paid in cash upon termination of services as a director.
- (2) Units correspond 1-for-1 with common stock.
- (3) Pursuant to the Plan, the number of stock units credited quarterly is determined by dividing deferred quarterly fees by the average price of Avon stock during the last 10 trading days of such quarter.

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.