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MOORE A Form 4	NN S									
October 02	2012									
								OMB A	PPROVAL	
FURI	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549									
if no lo subject Sectior Form 4 Form 5 obligat may co	to 16. or Filed put ions Section 17(STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1940								
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> MOORE ANN S			Symbol	er Name an PRODU		C C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction				(Check an applicable)			
AVON PRODUCTS, INC., 777 THIRD AVENUE			(Month/) 09/28/2	Day/Year) 2012			X_ Director 10% Owner Officer (give title Other (specify below) below)			
(Street)				endment, D onth/Day/Yea	-	ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
NEW YO	RK, NY 10017						Person			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: R	eport on a separate line	e for each cla	ass of sec	urities bene	ficially ow	ned directly	or indirectly			
Kenninuer, K	eport on a separate lift			unities delle	Perso inforr requi	ns who res nation con red to resp ays a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not orm	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
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security	rivative		(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Units (1)	<u>(2)</u>	09/28/2012		A		1,171.22		<u>(1)</u>	<u>(1)</u>	Common Stock	1,171.22

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MOORE ANN S AVON PRODUCTS, INC. 777 THIRD AVENUE NEW YORK, NY 10017	Х							
Signatures								
By Karen R. Leu, Attorney-In-Fact		10/02/2012						
** 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 Compensation 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.