## Edgar Filing: HERINGTON CHARLES M - Form 4

HERINGTO Form 4 July 01, 200	ON CHARLES M	I							
FORM	A 4 UNITED	STATES		RITIES A			COMMISSIO	-	PPROVAL 3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations STATEMENT OF CHANGES II SECU Filed pursuant to Section 16(a) of Section 17(a) of the Public Utility U					<b>RITIES</b> ne Securi	ties Excha	Estimated burden hou response	Estimated average burden hours per response 0.5	
may con See Instr 1(b).	ntinue. Section 17			•	•	npany Act 1y Act of 1	of 1935 or Secti 940	ion	
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> HERINGTON CHARLES M			Symbol	er Name <b>an</b> I PRODU		-	5. Relationship of Reporting Person(s) to Issuer		
(Last) AVON PR AVENUE		<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>06/27/2008</li></ul>				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Executive Vice President			
Filed(Mo			If Amendment, Date Original ed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
NEW YOR	RK, NY 10105						Person		porting
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(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: Re	port on a separate lin	e for each cl	ass of sec	urities bene	ficially ow	ned directly	or indirectly		
i connider. Re	port on a separate mi				Perso inforn requir	ns who rest nation cont ed to resp ays a curre	spond to the colle tained in this forr 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	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

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(Instr. 3)	tr. 3) Price of Derivative Security		(Month/Day/Year) (Inst		(A) or Dispo (D) (Instr.	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Instr.
			Co	ode V	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (1)	<u>(1)</u>	06/27/2008	I	A	89.6	5	(2)	(2)	Common Stock	89.65	\$ 35

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
T. S. T. T. T. T. T. T. T.	Director	10% Owner	Officer	Other				
HERINGTON CHARLES M AVON PRODUCTS, INC. 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105			Executive Vice President					
Signatures								
By Kim K. Azzarelli, Attorney-In-Fact	07/0	1/2008						
**Signature of Reporting Person	D	ate						

## **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) Units correspond 1-for-1 with common stock.
- (2) Under the Deferred Compensation Plan (the "Plan"), a reporting person may transfer amounts out of the Avon Stock Fund into an alternative investment fund under the Plan at any time. Under the Plan, units are payable in cash following retirement, termination of the reporting person's employment with the company or, while still in service, on a date or series of dates pursuant to a lump sum or installment pay-out election.

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.