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HERINGTO	ON CHARLES M								
Form 4									
September (08, 2010								
FORM		CT A TEC	SECU	DITIES		ANCE	COMMERIO	т	PPROVAL
-	UNITED	SIAIES			, D.C. 20549		COMMISSIO	N OMB Number:	3235-0287
Check th if no lon	ner.							Expires:	January 31, 2005
subject t Section	16.	MENT OI	F CHAI	Estimated burden hou	average urs per				
Form 4 Form 5				16() 6.1	G	F 1	A (C1024	response	. 0.5
obligatio	^						nge Act of 1934,	~ ~	
may con	lunue.			•	t Company A	•	of 1935 or Section	on	
<i>See</i> Insta 1(b).	ruction	30(II)	of the fi	livestillelli	Company A		940		
1(0).									
(Print or Type	Responses)								
	Address of Reporting ON CHARLES N		2. Issue Symbol	er Name an e	d Ticker or Trad	ling	5. Relationship o Issuer	of Reporting Per	rson(s) to
			AVON	PRODU	CTS INC [A'	VP]			`
(Last)	(First) (Middle)	3. Date of	of Earliest T	ransaction		(Che	eck all applicabl	e)
~ /		,		Day/Year)			Director	109	% Owner
	ODUCTS, INC., OF THE AMERI		09/03/2	2010			X Officer (gives below) Execu	ve title Oth below) tive Vice Presic	her (specify lent
	(Street)		4. If Am	endment, D	ate Original		6. Individual or	Joint/Group Fili	ng(Check
			(Month/Day/Year)			Applicable Line)			
		.					_X_ Form filed by Form filed by	One Reporting P More than One R	
NEW YOR	K, NY 10105-01	96					Person	inore than one re	epotting
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of	2. Transaction Date			3.	4. Securities		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution	Date, if		nAcquired (A) o		Securities	Form: Direct	Indirect
(Instr. 3)		any (Month/Da	av/Year)	Code (Instr. 8)	Disposed of (E (Instr. 3, 4 and		Beneficially Owned	(D) or Indirect (I)	Ownership
		(1.101111,20	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(115411-0)	(11151110), 1 4114	0)	Following	(Instr. 4)	(Instr. 4)
					(A)		Reported		
					or		Transaction(s) (Instr. 3 and 4)		
				Code V	Amount (D)	Price	(

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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

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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					(Ins
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (1)	<u>(1)</u>	09/03/2010		А		116.42		<u>(2)</u>	(2)	Common Stock	116.42	\$:

Reporting Owners

Reporting Owner Name / Address				
1	Director	10% Owner	Officer	Other
HERINGTON CHARLES M AVON PRODUCTS, INC. 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105-0196			Executive Vice President	
Signatures				

(2)

By Kim K.W. Rucker,	09/08/201
Attorney-In-Fact	09/00/201

**Signature of 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).

0

Date

(1) Units correspond 1-for-1 with common stock.

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.