Edgar Filing: STANLEY WORKS - Form 4

Form 4												
FOR	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							ON OM	OMB APPROVAL OMB 3235-0287 Number:			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFIC SECURITIES Filed pursuant to Section 16(a) of the Securitie Section 17(a) of the Public Utility Holding Comp 30(h) of the Investment Company						ICIA ties E npany	Exchan y Act	ige Act of 193 of 1935 or Sec	burc resp 4,	mated av	ated average n hours per	
(Print or Type	e Responses)											
KRAUS EILEEN S Symbol STAN			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
			STANLEY WORKS [SWK]					(Check all applicable)				
			e of Earliest Transaction n/Day/Year) /2007				X_ Director10% Owner Officer (give titleOther (specify below) below)					
				nendment, Date Original lonth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW BRI	TAIN, CT 06053							Form filed Person	by More tha	n One Repo	rting	
(City)	(State)	(Zip)	Tal	ble I - Non	-Derivative	Secur	ities A	cquired, Dispose	d of, or Be	eneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securitie on(A) or Disp (Instr. 3, 4 Amount	osed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownershi Form: Direct (D or Indirect (I) (Instr. 4)	Owner) (Instr.	ct Beneficial rship	
Common Stock	04/25/2007			J	30.8844 (5)	A	<u>(4)</u>	1,778.0464	I		ugh putershare r DRIP	

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)

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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. Transactic Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	f Derivative Expiration Date ecurities (Month/Day/Year) acquired A) or Disposed of D) Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 60.15	04/25/2007		А	2,000 (1)	(2)	(3)	Common Stock	2,000	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
KRAUS EILEEN S 1000 STANLEY DRIVE NEW BRITAIN, CT 06053	Х						
Signatures							
By: /s/ Bruce H. Beatt, Attorney-in-Fact	04/26/2007						
<u>**</u> 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) With dividend equivalent rights
- (2) Currently 100% vested
- (3) The reporting director will receive a cash payment based on the market value of the Corporation?s Common Stock at the time she ceases to be a member of the Board
- (4) Exempt
- (5) Shares acquired through dividend reinvestment as of 3/27/07, including aggregate number of shares acquired on various times since date of last report

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.