

## MASCO CORP /DE/

# Reported by **PAYNE LISA A**

### FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 05/15/08 for the Period Ending 05/13/08

Address 21001 VAN BORN RD

**TAYLOR**, MI 48180

Telephone 3132747400

CIK 0000062996

Symbol MAS

SIC Code 2430 - Millwork, Veneer, Plywood, And Structural Wood

Industry Constr. - Supplies & Fixtures

Sector Capital Goods

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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## 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 30(f) of the Investment Company Act of 1940

1. Name and Add	ress of Re	porting l	Person *	2.	. Iss	suer Na	me a	nd Ticker	or Tradi	ng Symb	ol 5. Relation (Check a	onship of I Il applicat		Person(s)	to Issuer	
PAYNE LISA	<b>A</b>							RP/DE/			<b>.</b>			100/	0	
(Last) (First) (Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)						) — —	X Director 10% Owner Officer (give title below) Other (specif					
THE TAUBM			,					5/13/20	008		below)	er (give title	below) _	Otner	(specify	
EAST LONG	LAKE	RD. SU	JITE 3													
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				
BLOOMFIEI	D HIL	LS, MI	48304													
(City)	(State)	(Zip)	)										Reporting Per than One Rep		n	
		Table l	[ - Non-I								or Beneficial	•				
1.Title of Security (Instr. 3)				2. Tra	ans.	2A. Deemed Executi Date, if	d C (I	dode Anstr. 8)	Acquired (A) Disposed of (Instr. 3, 4 an  (A) Or  Amount (D)	or Foll (Ins d 5)	mount of Securi owing Reported tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Tab	le II - De	rivative	Securitie	es Be	nef	ficially	Own	ed ( <i>e.g.</i> ,	puts, cal	lls, warr	ants, option	s, convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date		4. Trans Code (Instr 8)	5	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative	derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	4)		
Non-Employee Director Stock Option	\$18.52	5/13/2008		A		8000		(1)	5/13/2018	Common Stock	8000	(2)	8000	D		

### **Explanation of Responses:**

- (1) The foregoing option is exercisable cumulatively in annual installments of 20% commencing 05/13/2009.
- (2) Grant of option under Masco Corporation Non-Employee Directors Equity Program, in transactions exempt under Rule 16 b-3.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other			
PAYNE LISA A								
THE TAUBMAN COMPANY								
200 EAST LONG LAKE RD. SUITE 300	X							
BLOOMFIELD HILLS, MI 48304								

John R. Leekley by Power of Attorney

5/15/2008

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.