#### CERRONE STEPHEN Form 3 January 17, 2007 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

#### INITIAL STATEMENT OF 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(h) of the Investment Company Act of 1940

# OMB APPROVAL

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(Print or Type Responses)

| 1. Name and Address of Reporting<br>Person <u>*</u><br>CERRONE STEPHEN                    | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year)   | 3. Issuer Name and Ticker or Trading Symbol<br>Sara Lee Corp [SLE]   |  |   |  |  |
|---|---|--|--|---|--|--|
| (Last) (First) (Middle)   | 01/08/2007  | 4. Relationshi<br>Person(s) to Is  | p of Reporting   | 5. If Amendment, Date Original Filed(Month/Day/Year)  |  |  |
| C/O SARA LEE<br>CORPORATION, 3500<br>LACEY ROAD<br>(Street)<br>DOWNERS<br>GROVE, IL 60515 |   | (Check all applicable)<br>Director10% Owner<br>XOfficerOther<br>(give title below) (specify below)<br>Executive Vice President |  | Owner<br>6. Individual or Joint/Group<br>W)<br>Filing(Check Applicable Line)<br>1.X_ Form filed by One Reporting<br>Person<br>Form filed by More than One |  |  |
| (City) (State) (Zip)  | Table I - N   | Jon-Dorivat  | iva Sacuriti   | Reporting Person<br>es Beneficially Owned   |  |  |
| 1.Title of Security<br>(Instr. 4)   | 2. Amount or<br>Beneficially<br>(Instr. 4)  | f Securities   | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5)   |  |  |
| no securities owned   | 0   |  | D  | Â   |  |  |
| information conta<br>required to respo  | ch class of securities benefici<br>bond to the collection of<br>lined in this form are not<br>nd unless the form displ<br>//B control number. | - S  | EC 1473 (7-02  | )   |  |  |
|   |   | .g., puts, calls,  | warrants, opt  | ions, convertible securities)   |  |  |

| 1. Title of Derivative Security | 2. Date Exercisable and | 3. Title and Amount of | 4.          | 5.         | 6. Nature of Indirect |
|---------------------------------|-------------------------|------------------------|-------------|------------|-----------------------|
| (Instr. 4)                      | Expiration Date         | Securities Underlying  | Conversion  | Ownership  | Beneficial Ownership  |
|                                 | (Month/Day/Year)        | Derivative Security    | or Exercise | Form of    | (Instr. 5)            |
|                                 |                         | (Instr. 4)             | Price of    | Derivative |                       |
|                                 |                         |                        | Derivative  | Security:  |                       |

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| Date        | Expiration | Title | Amount or | Security | Direct (D)  |
|-------------|------------|-------|-----------|----------|-------------|
| Exercisable | Date       |       | Number of |          | or Indirect |
|             |            |       | Shares    |          | (I)         |
|             |            |       |           |          | (Instr. 5)  |

# **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                                |       |  |  |
|---|---------------|-----------|--------------------------------|-------|--|--|
|   | Director      | 10% Owner | Officer                        | Other |  |  |
| CERRONE STEPHEN<br>C/O SARA LEE CORPORATION<br>3500 LACEY ROAD<br>DOWNERS GROVE, IL 60515 | Â             | Â         | Executive<br>Vice<br>President | Â     |  |  |

### **Signatures**

/s/ Helen N. Kaminski For Stephen J. Cerrone pursuant to power of attorney being filed herewith.

<u>\*\*</u>Signature of Reporting Person

01/17/2007 Date

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.