KROGER CO Form 4 June 30, 2010

FORM 4

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

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL

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Form 4 or Form 5 obligations may continue. See Instruction

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

(Print or Type Responses)

1(b).

| 1. Name and Ao HJELM CHI | • | _ | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|-----------------------------|---------|----------|--|--|--|--|--|
| (Last) (First) (Middle) | | (Middle) | KROGER CO [KR] 3. Date of Earliest Transaction | (Check all applicable) | | | |
| 1014 VINE S | STREET | | (Month/Day/Year) 06/28/2010 | Director 10% OwnerX_ Officer (give title Other (specify below) Senior Vice President | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| CINCINNATI, OH 45202 | | | | | | | |
| (City) | (State) | (Zip) | Table I New Desiration Consuition | Associated Discussed of an Bouefisially Occur | | | |

| (City) | (State) | Table Table | e I - Non-D | erivative Secur | rities Acq | uired, Disposed of | , or Beneficial | y Owned | |
|-----------------|---------------------|--------------------|-------------|------------------|-------------|--------------------|-----------------|--------------|--|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securities A | cquired | 5. Amount of | 6. Ownership | 7. Nature of | |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | n(A) or Dispose | d of (D) | Securities | Form: Direct | Indirect | |
| (Instr. 3) | | any | Code | (Instr. 3, 4 and | 5) | Beneficially | (D) or | Beneficial | |
| | | (Month/Day/Year) | (Instr. 8) | | | Owned | Indirect (I) | Ownership | |
| | | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | (4) | | Reported | | | |
| | | | | (A) | | Transaction(s) | | | |
| | | | Code V | or Amount (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 06/28/2010 | | F | 616 (1) D | \$ 20.27 | 83,641 | D | | |

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

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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. Transactio Code (Instr. 8) | of | | ate | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr | |
|---|---|---|---|--|-----------|-------------|------------|---|--------------------------------------|---|--|
| | | | | | 4, and 5) | Date | Expiration | | Amount | | |
| | | | | Code V | (A) (D) | Exercisable | Date | Title | Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HJELM CHRISTOPHER T 1014 VINE STREET CINCINNATI, OH 45202

Senior Vice President

Signatures

/s/ Christopher T. Hjelm, by Bruce M. Gack, Attorney-in-Fact

06/30/2010

**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) Payment of tax liability associated with restricted stock.

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.

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