Edgar Filing: KROGER CO - Form 4

KROGER CO

Form 4											
December 0	9, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
-	UNITED	SIAIES		shington				UNINII55IUN	OMB Number:	3235-0287	
Check th if no lon					~-			Expires:	January 31, 2005		
subject t Section	o STATE	MENT OF	F CHANGES IN BENEFICIAL OWN SECURITIES					NERSHIP OF	Estimated average burden hours per		
Form 4 or									response	s per 0.5	
Form 5 obligation	· · · · ·		Section 16(a) of the Securities Exchange Act of 1934,								
may con See Instr 1(b).	tinue. Section 17			tility Hol				1935 or Section 0			
(Print or Type	Responses)										
DEDDY M MADNETTE				. Issuer Name and Ticker or Trading mbol				5. Relationship of Reporting Person(s) to Issuer			
			KROG	ROGER CO [KR]				(Check all applicable)			
(Last)	(First) ((Middle)	3. Date c	of Earliest T	ransactior	ı		(Cheek			
1014 VINE	(Month/Day/Year) 12/08/2015					Director 10% Owner X Officer (give title Other (specify below) Senior Vice President					
(Street) 4.			4. If Am	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(M CINCINNATI, OH 45202				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
								Person			
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	irities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Execution Date, if		4. Securi on(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(Instr. 4)		
Common Stock	12/08/2015			S	5,245	D	\$ 41.084 (1)	242,752.0996 (2)	D		

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. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code Y	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
PERRY M MARNETTE 1014 VINE STREET CINCINNATI, OH 45202			Senior Vice President					
Signatures								
/s/ M. Marnette Perry, by Stacey M. Heiser, Attorney-in-Fact			12/09/2015					
**Signature of Repor	ting 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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.07
 to \$41.10, inclusive. The reporting person undertakes to provide to The Kroger Co., any security holder of The Kroger Co., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within

- the range set forth above. The total amount of securities directly owned by the reporting person includes shares in the Company's employee benefit plans that are
- (2) The total amount of securities directly owned by the reporting person includes shares in the Company's employee benefit plans that are deemed to be 'tax-conditioned plans' pursuant to Rule 16b-3, to the extent disclosed on reports received from plan trustees.

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.