Edgar Filing: KROGER CO - Form 4

KROGER CO)										
Form 4											
July 17, 2014											
FORM	4								т	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS						NERSHIP OF	Estimated average				
	Section 16. SECURITIES								burden hours per		
Form 4 or									response	•	
Form 5 obligation	· · · · · · · · · · · · · · · · · · ·	•					-	ge Act of 1934,			
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
See Instru	ction	30(h)	of the Inv	estment (Company	Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
(I IIII of I)pe II	espenses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of F								Reporting Person(s) to			
LEWIS DAVID B			Symbol				5	Issuer			
			-	KROGER CO [KR]							
(Last) (First) (Middle)			3. Date of Earliest Transaction					(Check all applicable)			
			(Month/Day/Year)					X Director	10%	6 Owner	
C/O THE KROGER CO.,, 1014			07/15/2014			Officer (give title Other (specify					
VINE STRE	ET							below)	below)		
(Street)			4. If Amer	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
				Filed(Month/Day/Year)				Applicable Line)			
X Form filed by C						One Reporting Person fore than One Reporting					
CINCINNA	ГІ, ОН 45202							Person	viore than One Ke	eporung	
(City)	(State)	(Zip)	Table	I New D	······································	·			f an Danafiaial	Use Osera d	
	. ,	· •					lies Ac	quired, Disposed o		-	
1.Title of Security	2. Transaction		emed on Date, if	3. Transactio	 Securit onAcquired 			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(Month/Day/Y	any	on Date, n	Code	Disposed			Beneficially	(D) or	Beneficial	
, ,		•	/Day/Year)	(Instr. 8)	(Instr. 3, 4			Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				Coue v	Amount	(D)	Thee				
Stock								41,122.362	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)	4. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriv Secur (Instr.
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock - Incentive Shares	\$ 0 <u>(1)</u>	07/15/2014	А	3,350	(2)	(2)	Common Stock	3,350	\$ 49

Reporting Owners

Reporting Owner Name / Address	Relationships							
r o	Director	10% Owner	Officer	Other				
LEWIS DAVID B C/O THE KROGER CO., 1014 VINE STREET CINCINNATI, OH 45202	Х							
Signatures								
/s/ David B. Lewis, by Bruce M Attorney-in-Fact			07/17/2014					
<u>**</u> Signature of Reportin		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) Each phantom share represents the right to receive one common share upon distribution from the deferred compensation account.

(2) Shares of phantom stock are payable following termination of the reporting person's services as an Independent Director of Kroger.

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.