Edgar Filing: KROGER CO - Form 4

KROGER C	CO											
Form 4												
September 1	5, 2009											
FORM	14									OMB AF	PROVAL	
	UNITED	STATES		RITIES . shingtor				NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box										Expires:	January 31,	
if no lon subject t	- NIATHN	MENT OF	CHAN	GES IN	GES IN BENEFICIAL OWNERSHI					·	2005	
-	Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 o										response 0.		
Form 5 obligatio								•	e Act of 1934,			
may con				•		•	· ·		1935 or Sectior	1		
See Instr	ruction	30(h) (of the In	vestmen	nt Co	ompan	iy Ac	t of 194	-0			
1(b).												
(Print or Type	Responses)											
()I	, i i i i i i i i i i i i i i i i i i i											
1. Name and A	Address of Reporting	Person [*]	2. Issue	r Name ar	ıd Ti	cker or	Tradi	ng	5. Relationship of	Reporting Pers	on(s) to	
Kaufman Calvin J Symbol				-				0	Issuer			
				GER CO [KR]					(Chask all applicable)			
				e of Earliest Transaction					(Check all applicable)			
()	()	· · ·		nth/Day/Year)					Director 10% Owner			
THE KROO	GER CO., 1014 V		09/14/2	-					\underline{X} Officer (give		er (specify	
STREET									below) Group	below) Vice Presiden	t	
	(Street)		4 TE A		D =4= (0	1		-			
			Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mor				Ionth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person			
CINCINNA	ATI, OH 45202								Form filed by M	ore than One Re	porting	
									Person			
(City)	(State)	(Zip)	Tab	e I - Non-	Deri	ivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deem	ed	3.		Securit			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D)						Securities	Ownership	Indirect		
(Instr. 3)		Code(Instr. 3, 4 and 5)ay/Year)(Instr. 8)					5)	Beneficially Owned	Form: Direct (D) or	Beneficial Ownership		
			ay/ I cai)	(Instr. 0)	,				Following	Indirect (I)	(Instr. 4)	
							(A)		Reported	(Instr. 4)		
							or		Transaction(s)			
				Code V	A	mount	(D)	Price	(Instr. 3 and 4)			
Common	09/14/2009			F	32	25 <u>(1)</u>	D	\$	33,292.1703	D		
Stock				-			-	21.97	(2)	_		

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships							
irector	10% Owner	Officer	Other				
		Group Vice President					
A. Gack	ς,	09/15/2009					
Person		Date					
	1. Gack	irector 10% Owner И. Gack,	irector 10% Owner Officer Group Vice President A. Gack, 09/15/2009				

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.
- (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.