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KROGER C	0										
Form 4											
March 20, 20	013										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									APPROVAL		
		SIAIES		shington,			INGE	COMMISSION	OMB Number:	3235-0287	
Check th	is box		vv a	sinington,	D.C. 2 0	547				January 31,	
if no long		MENT O	F CHAN	IGES IN	BENEF	ICIA	LOW	NERSHIP OF	Expires:	2005	
subject to Section 1	5			SECUR					Estimated average		
Form 4 o									burden hours per response 0		
Form 5	Filed pu	irsuant to S	Section 1	6(a) of th	e Securi	ties E	Exchan	ge Act of 1934,			
obligatio may cont		(a) of the	Public U	tility Hold	ding Cor	npan	y Act c	of 1935 or Section	1		
See Instr		30(h)	of the In	vestment	Compar	ny Ac	t of 19	40			
1(b).											
(Drint on Type 1	Decmonoog)										
(Print or Type I	(kesponses)										
1. Name and A	Address of Reporting	g Person *	2 Issue	r Name and	l Ticker or	Tradi	na	5. Relationship of	Reporting Pers	on(s) to	
Ell's M'stant				2. Issuer Name and Ticker or Trading /mbol				Issuer			
			KROGER CO [KR]								
(Last)	(First)	(Middle)		f Earliest Tr				(Checl	c all applicable)	
(Lust)	(1130)	(ivitable)	(Month/E		ansaction			Director	10%	Owner	
				03/14/2013				X Officer (give title Other (specify			
								below) Senior	below) Vice Presiden	t	
	(Street)		4 If Ame	ndmant Da	to Origina	1					
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 nea(mo	iiiii/Day/Tea	.)			_X_ Form filed by C	ne Reporting Pe	rson	
CINCINNA	TI, OH 45202							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zin)									
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative	Secur	ities Ac	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.				5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year) Execution any	n Date, if	Transaction(A) or Disposed of Code (D)				Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(1130.5)		-	Day/Year)	· /			5)	•	(D) or	Ownership	
						(A)		Reported	Indirect (I)	(Instr. 4)	
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 5 and 4)			
Common	02/14/2012				1 0 2 0	•	¢ 0	115 444 0104	D		
Stock	03/14/2013			А	1,238	А	\$0	115,444.8184	D		
Common							\$	114,921.8184			
Stock	03/14/2013			F	523 <u>(1)</u>	D	ф 31.5	(2)	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)

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
I B	Director	10% Owner	Officer	Other				
Ellis Michael L 1014 VINE STREET CINCINNATI, OH 45202			Senior Vice President					
Signatures								
/s/ Michael L. Ellis, by Bruce M. Gack, Attorney-in-Fact			03/20/2013					
**Signature of Reporting	g Person		Date					
Evalenation of De	~ ~ ~ ~							

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 share award.
- (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.