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PROCTER &	GAMBLE Co										
Form 4											
November 04	, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check this									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANC				GES IN BENEFICIAL OWNERSHI				NERSHIP OF	Estimated a	2005 average	
Section 16		SECURITIES								burden hours per	
Form 4 or									response	0.5	
obligation	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange 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 Instruc	ction	30(n)	of the Inv	vestment	Compan	y Aci	01 19	40			
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of R								f Reporting Per	Reporting Person(s) to		
CHENAULT KENNETH I Symbol				C C				Issuer			
			PROCTI	TER & GAMBLE Co [PG]				(Check all applicable)			
(Last) (First) (Middle) 3. Da			3. Date of	Date of Earliest Transaction				(Check all applicable)			
				(Month/Day/Year)				X Director 10% Owner			
			11/03/2014					Officer (give title Other (specify below)			
				If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mo				/Ionth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
NEW YORK	NY 10285							Form filed by I	More than One Re		
	, 1 10200							Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Date 2A			3. 4. Securities			5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year	any	on Date, if	TransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				Form: Direct (D) or	Indirect Beneficial Ownership		
(11041-0)		-	Day/Year)				Owned	Indirect (I)			
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Col V	A	or	D	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$ 0				
Stock	11/03/2014			А	2,095	А	5 U (1)	23,897.403	D		
STOCK							<u> </u>				

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)

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transacti Code	5. onNumber of	6. Date Exer Expiration D (Month/Day/	ate	7. Titl Amou Under		8. Price of Derivative Security	9. Nu Deriv Secu
(Instr. 3)	Price of Derivative Security		any (Month/Day/Year)	(Instr. 8)	Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e	rear <i>)</i>	Secur		(Instr. 5)	Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CHENAULT KENNETH I 200 VESEY STREET NEW YORK, NY 10285	Х							
Signatures								
/s/ Sandra T. Lane, attorney-in- Chenault	11	11/04/2014						

**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) Stock Units awarded pursuant to The Procter & Gamble 2014 Stock and Incentive Compensation Plan

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.