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PROCTER	& GAMBLE Co											
Form 4												
November												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APP	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or				NGES II	n, D.C. 2054 N BENEFICI JRITIES		SHIP OF	Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5				
Form 5 obligati may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the F	Public I	Utility Ho	the Securities olding Compa nt Company A	iny A	ct of 1935.					
(Print or Type	e Responses)											
Healey Melanie Syr			Symbol		nd Ticker or Tra GAMBLE Co		Issuer	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)					I	(Check	all applicable)			
(Month									· · · · · · · · · · · · · · · · · · ·			
ILALA								-	dent North Amer			
CINCINN	(Street)			nendment, onth/Day/Y	Date Original ear)		Applic _X_ Fo	able Line) orm filed by Or	nt/Group Filing(C ne Reporting Person pre than One Report	1		
CINCINN	ATI, OH 45202						Person	•		C		
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative Sec	uritie	s Acquired,	Disposed of,	or Beneficially (Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securities Ac orDisposed of (D (Instr. 3, 4 and Amount)	d (A) or Price	5. Amount of Securities Beneficially Owned Following Reported Transaction (Instr. 3 and	 Ownership Form: Direct (D) or Indirect (I) (s) (Instr. 4) 	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	10/31/2014			I	5,200	D	\$ 87.0525	4,356.641	I	By Retiremen Plan Trustees		
Common Stock	10/31/2014			Ι	1,439.2938	D	\$ 87.2083	2,917.347 (1)	⁷² I	By Retiremen Plan Trustees		
Common Stock								34,450.78	5 D			

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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	2.	3. Transaction Date	3A. Deemed	4.		5. Number of	•	6. Date Exerc	cisable and	7. Title and A	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Series A Preferred Stock	(2)	09/30/2014 <u>(3)</u>		А	V	190.4256		(4)	<u>(4)</u>	Common Stock	190.4256

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
Healey Melanie ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202			Group President North America	
Signatures				
/s/ Sandra T. Lane, attorney-in-fact for Melanie L. Healey			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) Reflects adjustment to PST for period 7/1/2014-9/30/2014.
- (2) Higher of \$6.82 (adjusted for 2-for-1 stock split effective May 21, 2004) or market price of Common Stock.
- (3) Series A Preferred Stock allocated to officer's Retirement Plan account pursuant to Retirement Plan provisions for the 3-month period ending 9/30/2014.
- (4) Shares held by Retirement Plan Trustees. If employee terminates employment and elects distribution of shares, or, if after age 50 elects alternative investment within Plan, Preferred Stock converted/redeemed at specified conversion/exercise price.

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.