PROCTER & GAMBLE Co

Form 4

February 19, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person *

TASTAD CAROLYN M			Symbol PROCTER & GAMBLE Co [PG]			Issuer			
(Last) (First) (Middle) ONE PROCTER & GAMBLE PLAZA			3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015			(Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below) Group President - NA SMO			
CINCINNA	(Street) ATI, OH 4520	2		endment, Da nth/Day/Year	_	l	6. Individual or Applicable Line) _X_ Form filed b Form filed b Person	_	Person
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative s	Securities A	equired, Disposed	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Year) Execution	emed ion Date, if n/Day/Year)	3. Transaction Code (Instr. 8)	Disposed (Instr. 3,	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock							38,487.054 (1)	D	
Common Stock							2,003.2817	I	By Spouse
Common Stock							1,505.5361 (2)	I	By Retirement Plan Trustee
Common							486.6514 (2)	I	By Spouse,

By

Retirement Plan

Edgar Filing: PROCTER & GAMBLE Co - Form 4

Trustees

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.

SEC 1474 (9-02)

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)	4. Transacti Code (Instr. 8)	Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
			Code V	/ (A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(3)	02/17/2015	A V	3.64	<u>(4)</u>	<u>(4)</u>	Common Stock	3.64	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
TASTAD CAROLYN M			Group				
ONE PROCTER & GAMBLE PLAZA			President -				
CINCINNATI, OH 45202			NA SMO				

Signatures

/s/ Sandra T. Lane, attorney-in-fact for Carolyn M. Tastad

02/19/2015

**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) Total includes grant of dividend equivalents on February 17, 2015 in the form of Restricted Stock Units (RSU's) settled in common stock.
- (2) Reflects adjustment to PST for period 10/1/2014-12/31/2014.

Reporting Owners 2

Edgar Filing: PROCTER & GAMBLE Co - Form 4

- (3) Dividend equivalents in the form of Retirement RSU's previously awarded pursuant to Issuer's retirement program. All such RSU's represent a contingent right to receive Procter & Gamble common stock or cash settlement.
- (4) These units will deliver in shares on retirement from the company, unless delivery is deferred or such shares are contributed to reporting person's deferred compensation account.

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.