## Edgar Filing: KROGER CO - Form 4

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Form 4												
June 23, 200	5											
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 th									Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNER				Estimated a	2005 Laverage		
Section 1		SI				SECURITIES				burden hours per		
Form 4 o									response	0.5		
Form 5 obligation	· · · · · · · · · · · · · · · · · · ·	<b>^</b>					•	e Act of 1934,				
may cont				•	•	· ·		1935 or Section	1			
See Instru	uction	30(h)	of the In	vestment	Compan	y Ac	t of 194	10				
1(b).												
(Print or Type I	Responses)											
51	1											
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of R								Reporting Person(s) to				
VAN OFLE	N MARY EL	IZABETH	Symbol	-				Issuer				
			-	ER CO [K	[R]							
(Last)	(First)	(Middle)						(Checl	k all applicable	.)		
(Month				Date of Earliest Transaction Month/Day/Year)				Director	10%	Owner		
			06/22/2005					Officer (give title Other (specify				
								below) V.P. &	below) Corp. Controll	er		
	(Street)		4 TE A	u dur aut Da		1			-			
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
			1 neu(moi	lui/Day/Teal	)			Applicable Line) _X_ Form filed by One Reporting Person				
CINCINNA	TI, OH 45202	2						Form filed by M	ore than One Re	porting		
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction I	Date 2A. Deer	med 3. 4. Securities Acquired					5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		· · · · · · · · · · · · · · · · · · ·					Securities	Form: Direct			
(Instr. 3) any (Month/Day/Y			)av/Vear)	Code (Instr. 3, 4 and 5) y/Year) (Instr. 8)				Beneficially Owned		Beneficial Ownership		
		(Wonth)	Jay/ I cal)	(1130.0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	06/22/2005			S	5,447	D	\$	7,996.0243	D			
Stock				~	-,	_	19.35	<u>(1)</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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti 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.	ınt of 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**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
VAN OFLEN MARY ELIZABETH 1014 VINE STREET CINCINNATI, OH 45202			V.P. & Corp. Controller					
Signatures								
/s/ Mary Elizabeth Van Oflen, by Bru Attorney-in-Fact	06/23/2005							
<u>**</u> Signature of Reporting	Person		Date					
Evaluation of Doong								

## **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) The total amount of securities directly owned by the reporting person includes shares in the Company's employee benefit plans which 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.