KROGER CO Form 4 June 27, 2005

# FORM 4

### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Washington, D.C. 20549

Expires: January 31, 2005

Form 4 or Form 5 obligations may continue STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * HELDMAN PAUL W			2. Issuer Name a Symbol KROGER CO	and Ticker or Trading [KR]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earlies	t Transaction	(encer un approuve)				
1014 VINE STREET			(Month/Day/Year 06/24/2005	;)	Director 10% Owner _X Officer (give title Other (specibelow) Senior Vice President				
(Street)			4. If Amendment,	, Date Original	6. Individual or Joint/Group Filing(Check				
CINCINNA	ATI, OH 4520	2	Filed(Month/Day/Y	(ear)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - No	n-Derivative Securities A	cquired, Disposed of	f, or Beneficially Owned			
1.Title of	2. Transaction	Date 2A. Deer	ned 3.	4. Securities	5. Amount of	6. Ownership 7. Natur			

(,)	()	Tabl	e I - Non-D	erivative	Secur	ities A	equirea, Disposea o	i, or Beneficial	ly Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securities on Acquired (A) or			5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)		any	Code Disposed of (D)			<b>)</b> )	Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)			5)	Owned Following	Indirect (I)	Ownership	
				(A)			Reported Transaction(s)	(Instr. 4)	(Instr. 4)	
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	06/24/2005		F	3,205 (1)	D	\$0	218,027.6982 (2)	D		
Common Stock							320	I	by Children	

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)

## Edgar Filing: KROGER CO - Form 4

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security or Exercise (Instr. 3) Price of Derivative Security		(Month/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/Year)		Underlying Securities (Instr. 3 and 4)	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

**HELDMAN PAUL W** 1014 VINE STREET CINCINNATI, OH 45202

Senior Vice President

## **Signatures**

/s/ Paul W. Heldman, by Bruce M. Gack, Attorney-in-Fact

06/27/2005

\*\*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) Payment of tax liability associated with restricted stock.
- 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.

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