## Edgar Filing: KROGER CO - Form 4

KROGER (	20											
Form 4												
December 1	6, 2015											
FORM	Λ4	~ ~							OMB AF	PROVAL		
	UNITED	STATES		RITIES A				COMMISSION	OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31,		
subject		MENT OF	CHAN		IGES IN BENEFICIAL OWN				Estimated a	2005		
Section 16. SECU				SECUI	URITIES				burden hours per			
	Form 4 or							response	. 0.5			
Form 5 obligation	<b>^</b>						•	e Act of 1934,				
may cor				•	•	-	•	1935 or Section				
See Inst	ruction	30(h)	of the In	nvestmen	t Compa	ny A	ct of 194	-0				
1(b).												
(Print or Type	Responses)											
(	<i>P</i> )											
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of							5. Relationship of l	Reporting Person(s) to				
PERRY M MARNETTE Symbol								Issuer				
			3 Date of	Date of Earliest Transaction				(Check all applicable)				
(Month				Month/Day/Year) 2/15/2015				Director 10% Owner				
								XOfficer (give title Other (specify				
								below) Senior	below) Vice President	t		
	(Sture et)		4 10 4	1								
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
			Filed(Mc	onth/Day/Yea	ar)			Applicable Line) _X_ Form filed by O	ne Reporting Per	son		
CINCINN	ATI, OH 45202							Form filed by M				
								Person				
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Secu	irities Acq	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date	2A. Deeme	ed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities	Ownership	Indirect		
(Instr. 3)		any (Month/Da	v/Vear)					Beneficially Owned Following	Form: Direct (D)	Beneficial Ownership		
		(Month/Day/Year)		(Instr. 8)				Reported	or Indirect	(Instr. 4)		
						(A) or		Transaction(s)	(I)			
				Code V	Amount		Price	(Instr. 3 and 4)	(Instr. 4)			
Common							¢	236,252.0996				
Common Stock	12/15/2015			S	3,409	D	ъ 42.365	(1) (1)	D			

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. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Under Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
PERRY M MARNETTE 1014 VINE STREET CINCINNATI, OH 45202			Senior Vice P	resident				
Signatures								
/s/ M. Marnette Perry, by Stace Attorney-in-Fact	12/16/2015							
<u>**</u> Signature of Report	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) The total amount of securities directly owned by the reporting person includes shares in the Company's employee benefit plans that 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.