Edgar Filing: KROGER CO - Form 4

KROGER C	CO											
Form 4												
July 18, 201	6											
FORM	ΠΔ								OMB A	PPROVAL		
	UNITED) STATES		RITIES A			ANGE (COMMISSION	OMB Number:	3235-0287		
Check th									Expires:	January 31,		
if no lon subject t	STATE:	MENT O	F CHAN	NGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average		
Section 16.				SECURITIES					burden hou	•		
Form 4	or								response			
Form 5	-						-	ge Act of 1934,				
obligation may con	Section 17	· · /		•	U	-	•	f 1935 or Section	1			
See Inst		30(h)	of the In	nvestment	t Compa	ny A	ct of 19	40				
1(b).												
(D.)												
(Print or Type	Responses)											
1 Nama and	Address of Demention	- D *						5 Deletienshin of	D			
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading					ing	5. Relationship of Reporting Person(s) to Issuer						
DONNELLY MICHAEL JOSEPH Symbo												
1			KROG	KROGER CO [KR]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date c	of Earliest T	ransaction							
				Month/Day/Year)				Director	10% Owner			
				7/15/2016				X Officer (give title Other (specify below) below)				
STREET								· · · · · · · · · · · · · · · · · · ·	ve Vice Presid	ent		
	(Street)		4. If Am	endment, D	ate Origina	al		6. Individual or Joi	int/Group Filir	1g(Check		
· · · · · · · · · · · · · · · · · · ·			d(Month/Day/Year)				Applicable Line)					
				·				_X_ Form filed by O				
CINCINNA	ATI, OH 45202							Form filed by M Person	ore than One Re	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Ac	quired, Disposed of,	, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Deen	ned	3.	4. Securi	ties A	cauired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year)	Execution	n Date, if	Transactio	on(A) or Di			Securities	Ownership	Indirect		
(Instr. 3)		any	Code (Instr. 3, 4 and 5)				5)	Beneficially	Form:	Beneficial		
		(Month/D	ay/Year)	(Instr. 8)				Owned Following Reported	Direct (D) or Indirect	Ownership (Instr. 4)		
						(A)		Transaction(s)	(I)	(IIISU. 4)		
				Code V	Amount	or	Duine	(Instr. 3 and 4)	(Instr. 4)			
				Code V	Amount	(D)	Price					
Common	07/15/2016			F	7,236	D	\$	236,907.0863	D			
Stock	0111012010			1	(1)	D	36.71	(2)	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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						
I grant an an an	Director	10% Owner	Officer	Other			
DONNELLY MICHAEL JOSEPH THE KROGER CO. 1014 VINE STREET CINCINNATI, OH 45202			Executive Vice President				
Signatures							
/s/ Michael J. Donnelly, by Stacey M Attorney-in-Fact	07/18/2016						
<u>**</u> Signature of Reporting Pe	rson		Date				
Evaluation of Deene							

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.
- (2) 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.