KROGER CO Form 4 March 13, 2017

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 Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form filed by More than One Reporting

Person

Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Adcock Mary Ellen | | | 2. Issuer Name and Ticker or Trading Symbol KROGER CO [KR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
|---|----------|----------|---|---|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (==== an appneasie) | | | |
| | | | (Month/Day/Year) | Director 10% Owner | | | |
| THE KROGER CO., 1014 VINE STREET | | | 03/09/2017 | X Officer (give title Other (specify below) Group Vice President | | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person | | | |

CINCINNATI, OH 45202

| (City) | (State) (| Zip) Table | e I - Non-D | erivative S | Secur | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned |
|--------------------------------------|--------------------------------------|---|---|----------------|-------|-------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 03/09/2017 | | Code V A | Amount 1,251 | (D) | Price \$ 0 | 36,696 | D | |
| Common Stock | 03/09/2017 | | F | 479 <u>(1)</u> | D | \$ 28.83 | 36,217 | D | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

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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 (Instr. 3) | or Exercise Price of Derivative Security | or Exercise Price of Derivative | any (Month/Day/Year) | Code (Instr. 8) | of (Month/Day/Year) | | | Underlying Securities (Instr. 3 and 4) | Security S (Instr. 5) F (C) F F T | Secur Bene Owne Follo Repo Trans (Instr | |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Adcock Mary Ellen THE KROGER CO. 1014 VINE STREET CINCINNATI, OH 45202

Group Vice President

Signatures

/s/ Mary Ellen Adcock, by Stacey M. Heiser, Attorney-in-Fact

03/13/2017

**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 share award.

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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