Edgar Filing: KROGER CO - Form 4/A

KROGER CO						
Form 4/A						
March 17, 2017						
FORM 4 UNITED STAT		OMB APPROVAL				
UNITED STAT	ES SECURITIES AND EXCHANGE (Washington, D.C. 20549	COMMISSION OMB Number: 3235-0287				
Check this box		Expires: January 31, 2005				
if no longer subject to STATEMENT	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP					
Section 16.	SECURITIES	Estimated average burden hours per				
Form 4 or		response 0.5				
abligations	to Section 16(a) of the Securities Exchange	-				
	he Public Utility Holding Company Act of					
See Instruction 30	(h) of the Investment Company Act of 19	40				
1(b).						
(Print or Type Responses)						
1. Name and Address of Reporting Person	[*] 2. Issuer Name and Ticker or Trading	5. Relationship of Reporting Person(s) to				
VAN OFLEN MARY ELIZABET	H _{Symbol}	Issuer				
	KROGER CO [KR]	(Chaok all applicable)				
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check all applicable)				
	(Month/Day/Year)	Director 10% Owner				
THE KROGER CO., 1014 VINE	03/09/2017	XOfficer (give title Other (specify				
STREET		below) below) Vice President & Controller				
(Street)						
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check				
	Filed(Month/Day/Year) 03/13/2017	Applicable Line) _X_ Form filed by One Reporting Person				
CINCINNATI, OH 45202	03/13/2017	Form filed by More than One Reporting Person				
(City) (State) (Zip)	Table I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned				
1.Title of 2. Transaction Date 2A. I	Deemed 3. 4. Securities Acquired	5. Amount of 6. 7. Nature of				
	ution Date, if Transaction(A) or Disposed of (D)	Securities Ownership Indirect				
(Instr. 3) any	Code (Instr. 3, 4 and 5)	Beneficially Form: Direct Beneficial				
(MOI	th/Day/Year) (Instr. 8)	Owned(D) orOwnershipFollowingIndirect (I)(Instr. 4)				
		Reported (Instr. 4)				
	(A) or	Transaction(s)				
		(Instr. 3 and 4)				
Common 02/00/2017	Code V Amount (D) Price					

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	Amou Under Secur	le and unt of rlying ities . 3 and 4)	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

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
VAN OFLEN MARY ELIZABETH THE KROGER CO. 1014 VINE STREET CINCINNATI, OH 45202			Vice President & Controller		
Signatures					
/s/ Mary Elizabeth Van Oflen, by Stad Attorney-in-Fact	cey M. He	eiser,	03/17/2017		
<u>**</u> Signature of Reporting	g 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) The Form 4 filed on behalf of the reporting person on 3/13/2017 reported that that 518 shares had been withheld in payment of tax liability associated with a share award. That number was reported in error; the actual number of shares withheld was 720.
- (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.