Edgar Filing: KROGER CO - Form 4

KROGER C	CO											
Form 4												
June 29, 201	11											
FORM	Λ4		GECU			CIL			OMB AI	PROVAL		
	UNITE	DSTATES		RITIES A shington			ANGE (COMMISSION	OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31,		
subject t	STATE	EMENT O	F CHAN	HANGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average		
Section	Section 16. SECURITIES							burden hours per				
Form 4 o Form 5			a				- 1		response	0.5		
obligatio							-	ge Act of 1934,				
may con	iunue.			ivestment	•	-	•	f 1935 or Section	1			
<i>See</i> Instr 1(b).	ruction	50(II)	of the fi	ivestillen	i Compa			40				
1(0).												
(Print or Type	Responses)											
	Address of Reportin	ng Person [*]	2. Issue	er Name an	d Ticker o	r Trad	ing	5. Relationship of Reporting Person(s) to Issuer				
COVERT	GEOFFREY J		Symbol					Issuel				
]				KROGER CO [KR]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	of Earliest T	ransaction							
				Month/Day/Year)				Director X Officer (give	title 10% Owner			
THE KROGER CO., 1014 VINE 06/28 STREET				5/28/2011				below) below)				
STREET								Senior	Vice Presider	ıt		
(Street) 4			4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(iled(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
CINCINN	ATI, OH 45202							Form filed by M				
CINCININA	411, 011 45202							Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Ac	quired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Da	te 2A. Deen	ned	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year	n Date, if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Securities	Ownership	Indirect			
(Instr. 3)						5)	Beneficially Owned Following	Form: Direct (D)	Beneficial Ownership			
		(11101111)2	(u), 10u1)	(1115411-0)		(A)		Reported	or Indirect	(Instr. 4)		
						(A) or		Transaction(s)	(I) (I)			
				Code V	Amount		Price	(Instr. 3 and 4)	(Instr. 4)			
Common	06/00/2011			Г	525 (1)	D	\$	101,016.1875	D			
Stock	06/28/2011			F	535 <u>(1)</u>	D	24.41	(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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	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				
COVERT GEOFFREY J THE KROGER CO. 1014 VINE STREET CINCINNATI, OH 45202			Senior Vice President					
Signatures								
/s/ Geoffrey J. Covert, by Bruce Attorney-in-Fact	e M. Gacl	Χ,	06/29/2011					
**Signature of Reporti	ng 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.
- (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.