## Edgar Filing: KROGER CO - Form 4

KROGER CO	)										
Form 4											
June 27, 2011	l										
FORM	4								-	PPROVAL	
	UIIII	ED STATE			ND EX( D.C. 20:		NGE (	COMMISSION	OMB Number:	3235-0287	
Check this box									Expires:	January 31,	
subject to				GES IN BENEFICIAL OW				NERSHIP OF	·	2005	
5	Section 16. SECURITIES								Estimated average burden hours per		
Form 4 or									response	•	
Form 5 obligation								ge Act of 1934,			
may conti				•	•	- ·		f 1935 or Sectio	n		
See Instru	ction	30(h	) of the In	vestment	Compan	y Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
(i iiii oi i jpe ii	esponses)										
1. Name and Ad	ddress of Report	ting Person *	2. Issuer	Name and	l Ticker or '	Tradin	σ	5. Relationship of	Reporting Per	son(s) to	
KROPF SUSAN J Symbol				Ŭ				Issuer			
Symbol				GER CO [KR]							
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)				(Check all applicable) X Director 10% Owner			
() () () () () () () () () () () () () (											
				06/23/2011				Officer (give titleOther (specify			
VINE STRE		,,	00/20/20					below)	below)		
	(Street)		4 If Ame	ndment Da	ate Original			6 Individual or Id	oint/Group Fili	19(Check	
				Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
					,			_X_ Form filed by (			
CINCINNA	ГІ, ОН 45202	2						Form filed by M Person	More than One Ro	eporting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Table	e I - Non-E	Derivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction		3. 4. Securities					-	7. Nature of		
Security	(Month/Day/Y	· · · · · · · · · · · · · · · · · · ·	ion Date, if	on Date, if TransactionAcquired (A) or					Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned	/	Ownership	
		<b>X</b>		(	(		- /	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V	Amount	(D)	Price	(insure and i)			
Common Stock	06/23/2011			А	5,500 (1)	А	\$0	19,750	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. Transacti Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-Qualified Stock Option	\$ 24.74	06/23/2011		А	6,500	(2)	06/23/2021	Common Stock	6,50

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationsh					
1 0	Director	10% Owner	Officer	Other			
KROPF SUSAN J C/O THE KROGER CO., 1014 VINE STREET CINCINNATI, OH 45202	Х						
Signatures							
/s/ Susan J. Kropf, by Paul W. Attorney-in-Fact	Heldman,			06/27/2011			
**Signature of Reporting	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) Restricted stock awarded pursuant to a long-term incentive plan of The Kroger Co. The restrictions lapse as to 50% one year from the date of the award, and as to 50% two years from the date of the award.
- (2) These options were granted under a long-term incentive plan of The Kroger Co. and vest in equal annual installments in whole amounts over a five-year period, at the rate of 20% per year commencing one year from the date of the grant.

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.