## Edgar Filing: KROGER CO - Form 4

KROGER C	20										
Form 4											
March 17, 2	014										
FORM	14 united	OT A TEC	SECU				NCE	COMMISSION		PPROVAL	
	UNITED	SIAIES		shington			ANGE	COMMISSION	OMB Number:	3235-0287	
Check th	nis box		vv a	sinigton	, D.C. 20	0349				January 31,	
if no lon		MENT OF	CHAN	JGES IN	BENE		AL OW	NERSHIP OF	Expires: 200		
subject to Section	0		01111	SECUI		101	12 0 11		Estimated average burden hours per response 0.5		
Form 4 c				52001							
Form 5	Filed pu	rsuant to S	ection 1	6(a) of the	ne Securi	ties I	Exchang	ge Act of 1934,	. copencen	0.0	
obligatio may con		(a) of the H	Public U	tility Hol	ding Co	mpan	y Act o	f 1935 or Section	l		
See Instr		30(h)	of the Ir	nvestment	t Compa	ny A	ct of 194	40			
1(b).											
	<b>D</b>										
(Print or Type)	Responses)										
1. Name and /	Address of Reporting	Person *	2 Issue	r Nama an	d Ticker o	r Trad	ing	5. Relationship of 1	Reporting Pers	son(s) to	
Ell's MCslssll				2. Issuer Name <b>and</b> Ticker or Trading Symbol				Issuer			
			•	ER CO [ł	KR1						
(Last)	(First)	(Middle)		f Earliest T				(Check	all applicable	e)	
(Last)	(1 1131)	(windule)		Day/Year)	Tansaction	L		Director	10%	Owner	
1014 VINE	STREET		03/13/2	-				X Officer (give	title Oth	er (specify	
								below) Presid	below) lent and COO		
	(Streat)		4 TE A			-1					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
			T fied(ivio	iitii/Day/Tea	u <i>)</i>			_X_ Form filed by O	ne Reporting Pe	erson	
CINCINNA	ATI, OH 45202							Form filed by Me Person	ore than One Re	eporting	
$(\mathbf{C};\mathbf{t}_{r})$	(54-4-)	(7:)									
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	e Secu	rities Aco	quired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)		Date, if	Transactio Code	on(A) or $Di$	-		Securities Beneficially	Ownership Form:	Indirect Beneficial	
(Insu: 5)		any (Month/Da	ay/Year)					Owned Following		Ownership	
		<sup>×</sup>				(A)		Reported	or Indirect	(Instr. 4)	
						or		Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
				Code V	Amount	(D)	Price	(Insu: 5 and 4)	(11150.4)		
Common	00/10/2014				2 . 5 .		<b></b>		P		
Stock	03/13/2014			А	3,850	А	\$0	147,649.6758	D		
Common	03/13/2014			F	1,270	D	\$	146,379.6758	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.

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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 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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde: Secur (Instr	int 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							
1 0	Director	10% Owner	Officer	Other				
Ellis Michael L 1014 VINE STREET CINCINNATI, OH 45202			President and COO					
Signatures								
/s/ Michael L. Ellis, by Bruce M Attorney-in-Fact		03/17/2014						
<u>**</u> Signature of Reporting	g Person		Date					
Evelopetion of Do								

## **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.
- (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.