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PROCTER Form 4 March 02, 2	& GAMBLE CO 006									
FORM								OMB APPROVAL		
	UNITED	STATES SE	CURITIES Washington			COMMISSIO	N OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 d	ger o STATE 16.	MENT OF C		N BENEF RITIES	Estimated burden hou	Estimated average burden hours per				
Form 5 obligation may con <i>See</i> Instr 1(b).	Filed pu ons tinue. Section 17	(a) of the Pub		olding Con	mpany Act	nge Act of 1934, of 1935 or Secti 940		. 0.5		
(Print or Type	Responses)									
1. Name and A PASSERIN	Address of Reporting II FILIPPO	Syr	2. Issuer Name and Ticker or Trading Symbol PROCTER & GAMBLE CO [PG]			5. Relationship (Issuer				
(Last)	(First) ((Che	eck all applicabl	e)		
· · ·	CTER AND GAN	(Me	3. Date of Earliest Transaction(Month/Day/Year)02/28/2006			Director X Officer (gi below) Chief Inf		6 Owner er (specify rcs Ofc		
	(Street) 4. If Ame Filed(Mo				al	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CINCINNA	ATI, OH 45202						More than One R			
(City)	(State)	(Zip)	Table I - Non	-Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date any	Code ear) (Instr. 8)		(A) or of (D) 4 and 5) (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)		
			Code V	Amount	(D) Price	(
Reminder: Rej	port on a separate line	e for each class o	of securities ben	•	•	or indirectly.	ection of	SEC 1474		

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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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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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).

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.