Edgar Filing: McKinney Stephen M - Form 4

| McKinney 3 | Stephen M | | | | | | | | |
|--|--|--------------------|---------------------------------------|--------------|-----------|------------------|---------------------------------------|---------------------------|-------------------------|
| Form 4 | | | | | | | | | |
| July 17, 201 | 8 | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | OMB APPROVAL | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | |
| | Check this box | | | | | | | Expires: | January 31, |
| | if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | | 200 | |
| subject to Section 16. SECURITIES | | | | | | | Estimated average burden hours per | | |
| | Form 4 or | | | | | | response 0.5 | | |
| Form 5 | They pursually to Section 10(a) of the Securities Exchange Act of 1954, | | | | | | e Act of 1934, | | |
| obligati | | (a) of the Public | Utility Hol | lding Cor | npan | y Act of | 1935 or Section | | |
| may con See Inst | | 30(h) of the | Investmen | t Compar | iy Ac | t of 194 | 40 | | |
| 1(b). | | | | | | | | | |
| | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | |
| | | D * | | | | | 5 D I I . 61 | | |
| 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of I McKinney Stephen M Symbol Issuer | | | | | | | • | Reporting Pers | ion(s) to |
| | | | | | | | 155001 | | |
| | | KRO | GER CO [] | KRJ | | | (Check | all applicable |) |
| (Last) | (First) (A | Middle) 3. Date | of Earliest T | Transaction | | | | | |
| | | | /Day/Year) | | | | Director | | Owner |
| | GER CO., 1014 V | 'INE 07/13 | /2018 | | | | X Officer (give t below) | ttle Othe below) | er (specify |
| STREET | | | | | | | Senior | Vice Presiden | t |
| | (Street) | 4. If Ai | nendment, D | Date Origina | ıl | | 6. Individual or Join | nt/Group Filin | g(Check |
| | | (Month/Day/Year) | | | | Applicable Line) | | | |
| | | | | | | | _X_ Form filed by On | | |
| CINCINN | ATI, OH 45202 | | | | | | Form filed by Mo Person | ore than One Re | porting |
| (City) | (State) | (Zip) Ta | ble I - Non- | Derivative | Secur | ities Acq | uired, Disposed of, | or Beneficial | ly Owned |
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securit | ies Ac | auired | 5. Amount of | 6. | 7. Nature of |
| Security | (Month/Day/Year) | Execution Date, if | · · · · · · · · · · · · · · · · · · · | | | | Securities | Ownership | Indirect |
| | | | Code | (Instr. 3, 4 | and f | 5) | Beneficially | | Beneficial |
| | | (Month/Day/Year) |) (Instr. 8) | | | | Owned Following Reported | Direct (D) or Indirect | Ownership (Instr. 4) |
| | | | | | (A) | | Transaction(s) | (I) | (11150.4) |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | (Instr. 4) | |
| | | | Coue v | | (D) | Flice | | | |
| Common | 07/13/2018 | | А | 19,751 | А | \$0 | 161,567.3015 | D | |
| Stock | | | | (1) | | ΨŪ | | | |
| Common Stock | 07/13/2018 | | F | 7,742 (2) | D | \$ 28.05 | 153,825.3015 | 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. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amour Underlying Securit (Instr. 3 and 4) | |
|---|---|---|---|--|--|--|--------------------|--|---------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amo or Num of Sh |
| Non-Qualified Stock Option | \$ 28.05 | 07/13/2018 | | А | 44,838 | (4) | 07/13/2028 | Common Stock | 44,8 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-----------------|---------|--|--|--|
| I | Director | 10% Owner | Officer | Other | | | |
| McKinney Stephen M THE KROGER CO. 1014 VINE STREET CINCINNATI, OH 45202 | | | Senior Vice Pre | esident | | | |
| Signatures | | | | | | | |
| /s/ Stephen M. McKinney, by S Attorney-in-Fact | 07/17/2018 | | | | | | |

<u>**</u>Signature of Reporting Person

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 on these shares lapse in equal annual installments in whole amounts over a four-year period, at the rate of 25% per year commencing one year from the date of the award.

Date

(2) Payment of tax liability associated with restricted stock.

Between March 16, 2018 and June 30, 2018, the reporting person acquired 331.8234 shares of Kroger common stock in the Company's employee benefit plans, based on information from plan trustees. The total amount of securities directly owned by the reporting person

- (3) Employee benefit plans, based on mormation non plan trustees. 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.
- (4) These options were granted under a long-term incentive plan of The Kroger Co. and vest in equal annual installments over a four-year period, at the rate of 25% 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.