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HOME DEPO	DT INC										
Form 4											
March 23, 20											
FORM	4 _{UNITE}	'D STATI	S SECUR	ITIES A	ND FXC	ΉΔΝ	ICE COI	MMISSION	OMB APF	ROVAL	
Check this		DSIAII		hington,					OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or									Expires:	January 31, 2005	
				SECUR		CIAI	L OWNE	RSHIP OF	Estimated ave burden hours response	erage	
Form 5 obligation may conti <i>See</i> Instru 1(b).	s Section	17(a) of th	o Section 16 e Public Uti n) of the Inv	lity Hold	ing Com	pany	Act of 19	Act of 1934, 935 or Section			
(Print or Type R	esponses)										
Menear Craig A Sym			Symbol	In the second se				. Relationship of Reporting Person(s) to ssuer			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Check	all applicable)		
(Month/E				Innet for the second				· · · · · · · · · · · · · · · · · · ·			
	(Street)			dment, Dat h/Day/Year)	-		Ap	Individual or Join oplicable Line) (_ Form filed by On _ Form filed by Mo	ne Reporting Perso	on	
ATLANTA,	GA 30339						Pe	rson		8	
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	ecurit	ies Acquir	ed, Disposed of,	or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Exect any		Code (Instr. 8)	onor Dispos (Instr. 3, 4	ed of (4 and 5 (A) or	D) 5)	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)	
\$.05				Coue v	Amount	(D)	Price				
Common Stock	03/21/2017			F	4,515	D	\$ 146.61	134,567.999	9 D		
\$.05 Common Stock	03/22/2017			А	14,861 (1)	А	\$ 0	149,428.999	9 D		
\$.05 Common Stock Share Equivalents								7.4035	Ι	By 401(k)	

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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)

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 Exer Expiration E (Month/Day	Date	7. Title and <i>A</i> Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options	\$ 147.36	03/22/2017		А	67,265	(2)	03/21/2027	Common Stock	67,265

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships					
1	Director	10% Owner	Officer	Other		
Menear Craig A 2455 PACES FERRY ROAD ATLANTA, GA 30339	Х		Chairman, CEO & President			
Signatures						
/s/ Stacy S. Ingram, Attorney-in-Fact		03/23/201	7			

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).
- The performance-based restricted shares were issued under The Home Depot, Inc. Amended and Restated 2005 Omnibus Stock Incentive
 (1) Plan and vest 50% after 30 months and the remaining 50% after 60 months. The 2017 shares will be forfeited if FY 2017 Company operating profit is not at least 90% of the target established under the 2017 Management Incentive Plan.
- (2) The stock options were issued under The Home Depot, Inc. Amended and Restated 2005 Omnibus Stock Incentive Plan and vest annually in 25% increments beginning on the second anniversary of the grant date.

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.