Edgar Filing: KROGER CO - Form 4

KROGER C	0									
Form 4										
June 30, 200	8									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287	
Check th if no long			F CHANGES IN BENEFICIAL OWNERSE					Expires:	January 31, 2005 ted average	
subject to		ENT OF CI					NERSHIP OF			
	Section 16.			SECURITIES				burden hours per		
Form 4 o Form 5				a .	· -		A (01024	response	0.5	
obligatio	n o *					•	e Act of 1934,			
may cont	tinue. Section 17(a		•	•	· ·		1935 or Section	1		
See Instr	uction	30(II) 0I U	he Investment	Compan	y Ac	1 01 194	Ю			
1(b).										
(Print or Type I	Responses)									
	ddress of Reporting F		Issuer Name and	l Ticker or	Tradi	ng	5. Relationship of	Reporting Person(s) to		
VAN OFLE	EN MARY ELIZA	BETH Syn	Symbol				Issuer			
			KROGER CO [KR]				(Check all applicable)			
(Last)	(First) (M	liddle) 3. D	Date of Earliest Tr	ansaction			(Cheer)	
			(Month/Day/Year)			Director 10% Owner _X Officer (give title Other (specify below) below)				
			06/27/2008							
							/	ident & Contro	oller	
			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line)			
							X Form filed by O Form filed by M			
CINCINNA	TI, OH 45202						Person		porting	
(City)	(State) (Zip)	Table I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit		•	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Dat		on(A) or Di			Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day/Y	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	Form: Direct (D) or	Ownership	
		(()				Following	Indirect (I)	(Instr. 4)	
					(A)		Reported	(Instr. 4)		
					or		Transaction(s) (Instr. 3 and 4)			
Comment			Code V	Amount	(D)	Price				
Common Stock	06/27/2008		F	190 <u>(1)</u>	D	\$ 28.65	22,338.8577	D		
STOCK						28.65	<u>(-)</u>			

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration	Title	or Number	
						Exercisable	Date	The	of	
				Code V	(A) (D)				Shares	
				Coue v	(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
VAN OFLEN MARY ELIZABETH 1014 VINE STREET CINCINNATI, OH 45202			Vice President & Controller					
Signatures								
/s/ Mary Elizabeth Van Oflen, by Bru Attorney-in-Fact	ice M. Ga	ck,	06/30/2008					
<u>**</u> Signature of Reporting	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) Payment of tax liability associated with restricted stock.
- (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.

9. Nu Deriv Secu: Bene Own Follo Repo Trans (Instr