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| KROGER C | 0 | | | | | | | | | | | |
|--|---|----------|---------------------------------------|--|------|---|-----------|--|--|--|---|--|
| Form 4 December 19 | 2005 | | | | | | | | | | | |
| | | | | | | | | | | OMB A | PPROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | | | | | 3235-0287 | | | |
| | | | | | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | | | |
| (Print or Type F | Responses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person2. BOEHM WILLIAM T | | | 2. Issuer Symbol KROGE | | | Ticker or T | Fradin, | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Chec | | | | | ck all applicable | k all applicable) | | | |
| (Month | | | (Month/D 12/14/2(| nth/Day/Year) 14/2005 | | | | | Director 10% Owner X_ Officer (give title Other (specify below) Senior Vice President 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| | | | | ndment, Date Original hth/Day/Year) | | | | | | | | |
| CINCINNA | TI, OH 45202 | | | | | | | | Form filed by M Person | More than One R | eporting | |
| (City) | (State) | (Zip) | Table | e I - Noi | n-De | erivative S | ecuri | ties Acc | quired, Disposed o | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A. De (Month/Day/Year) Executi any (Month | | | Code | | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 12/14/2005 | | | G | | 1,100 | D | \$0 | 84,248.492 (1) | D | | |
| Common Stock | 12/15/2005 | | | G | V | 320 | D | \$0 | 83,928.492 (2) | 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur 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 | | | | | | | | |
|---|---------------|------------|-----------------------|-------|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | |
| BOEHM WILLIAM T 1014 VINE STREET CINCINNATI, OH 45202 | | | Senior Vice President | | | | | | |
| Signatures | | | | | | | | | |
| /s/ William T. Boehm, by Bruc Attorney-in-Fact | k, | 12/19/2005 | | | | | | | |
| **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) Includes 19,428 shares previously held indirectly by spouse that are now owned directly.
- (2) The total amount of securities directly owned by the reporting person includes shares in the Company's employee benefit plans which 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.