# MILLERCHIP GARY Form 3 April 04, 2019 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> MILLERCHIP GARY			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol KROGER CO [KR]				
(Last) (F	First)	(Middle)	04/04/2019	4. Relationsh Person(s) to I	ip of Reporting Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
	street)	15202		Director X Officer (give title below		Owner ow)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One	
(City) (S	State)	(Zip)	Table I -	Non-Derivat	tive Securiti	es Bei	Reporting Person neficially Owned	
1.Title of Security (Instr. 4)			2. Amount Beneficially (Instr. 4)	of Securities y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1	
Common Stock			126,584		D	Â		
Reminder: Report o owned directly or in		te line for eac	ch class of securities benefi	cially S	SEC 1473 (7-02	)		
	informa require	ation conta d to respoi	oond to the collection o ined in this form are no nd unless the form disp IB control number.	ot				
Table	e II - Deriv	vative Secur	ities Beneficially Owned (	e.g., puts, calls,	, warrants, opt	ions, c	onvertible securities)	

1. Title of Derivative Security (Instr. 4)	y 2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	× ,

3235-0104

January 31,

2005

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Number:

Expires:

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Estimated average burden hours per

#### Edgar Filing: MILLERCHIP GARY - Form 3

				Shares		(I) (Instr. 5)	
Non-Qualified Stock Option	(1)	07/15/2024	Common Stock	9,600	\$ 24.665	D	Â
Non-Qualified Stock Option	(1)	07/15/2025	Common Stock	13,992	\$ 38.33	D	Â
Non-Qualified Stock Option	(1)	07/13/2026	Common Stock	27,972	\$ 37.48	D	Â
Non-Qualified Stock Option	(1)	07/13/2027	Common Stock	34,905	\$ 22.92	D	Â
Non-Qualified Stock Option	(2)	07/13/2028	Common Stock	30,251	\$ 28.05	D	Â
Non-Qualified Stock Option	(2)	03/14/2029	Common Stock	66,335	\$ 24.75	D	Â
Non-Qualified Stock Option	( <u>3)</u>	03/14/2029	Common Stock	16,584	\$ 24.75	D	Â

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
1 0		10% Owner	Officer	Other			
MILLERCHIP GARY 1014 VINE STREET CINCINNATI, OH 45202	Â	Â	Senior Vice President and CFO	Â			
Signatures							
/s/ Gary 04/ Millerchip	/04/2019						

\*\*Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These options were granted under a long-term incentive plan of The Kroger Co. and vest in equal annual installments over a five-year period, at the rate of 20% per year commencing one year from the date of the grant.
- (2) 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.
- (3) These options were granted under a long-term incentive plan of The Kroger Co. and vest in equal annual installments over a three-year period, at the rate of 33% per year commencing one year after the date of 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.