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PROCTER &	GAMBLE C	o										
Form 4												
September 10	, 2015											
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 if no longe			-						Expires:	January 31,		
subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated a	2005 average			
Section 16	ó.	SECURITIES							burden hours per			
Form 4 or									response			
Form 5 obligation	_ ^						-	ge Act of 1934,				
may contin				•	•	- ·		of 1935 or Section	on			
See Instruction 1(b).		30(h)	of the Inv	estment	Compan	y Act	of 19	40				
(Print or Type R	esponses)											
1. Name and Address of Reporting Person 2. Issue CHENAULT KENNETH I Symbol PROCT			Symbol	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
			PROCTI	ER & GA	MBLE (G]	(Check all applicable)				
(Last) (First) (Middle) 3. Date of			of Earliest Transaction									
				(Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify				
			09/08/20	015				below)	er (specify			
	(Street)		4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				Month/Day/Year)				Applicable Line)	g(eneen			
NEW YORK					_X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Ye	ear) Execution any	emed on Date, if 'Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securi onAcquirec Disposec (Instr. 3, Amount	l (A) c l of (D)	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)		
Common Stock	09/08/2015			A	393	A	\$ 0 (1)	25,777.03 <u>(2)</u>	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

	2.	3. Transaction Date		4.	5.		6. Date Exerc			le and	8. Price of	9. Nu
Derivative	Conversion or Exercise	(Month/Day/Year)	· · ·	Transact Code	of		Expiration D (Month/Day/			unt of rlying	Derivative	Deriv
Security (Instr. 3)	Price of		any (Month/Day/Year)	(Instr. 8)			· ·	(cal)	Secur		Security (Instr. 5)	Secui Bene
(1130. 5)	Derivative		(Monul Day Tear)	(msu. o	Secur					. 3 and 4)	(1130.5)	Owne
	Security					Acquired			(mour o una r)			Follo
					(A) or							Repo
					Dispo	osed						Trans
					of (D)	·						(Instr
					(Instr.							
					4, and	13)						
				Code V	7 (A)	(D)	Date	Expiration	Title	Amount		
							Exercisable	Date		or		
										Number of		
										Shares		
										Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
CHENAULT KENNETH I 200 VESEY STREET NEW YORK, NY 10285	Х								
Signatures									
/s/ Sandra T. Lane, attorney-in- Chenault	09/10/2015								

**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) Restricted Stock Units awarded pursuant to The Procter & Gamble 2014 Stock and Incentive Compensation Plan
- (2) Total includes grant of dividend equivalents in the form of RSUs.

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.