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PROCTER & GAMBLE Co Form 4 January 30, 2015 FORM 4 Check this box if no longer subject to Section 16. Form 4 or	OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per						
Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses)							
1. Name and Address of Reporting ClementHolmes Linda W	Symbo	uer Name and Ticker or Trading d CTER & GAMBLE Co [PG]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) ONE PROCTER & GAMBI PLAZA	(Month	e of Earliest Transaction n/Day/Year) /2015	Director 10% Owner X Officer (give title Other (specify below) below) Chief Information Officer				
(Street) CINCINNATI, OH 45202		mendment, Date Original /lonth/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City) (State)	(Zip) Ta	able I - Non-Derivative Securities Acc	uired, Disposed of	, or Beneficia	ally Owned		
(Instr. 3)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price	 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 01/29/2015 Stock		S 2,629 D ^{\$} 85.6822	2,753.4929	D			
Common Stock			20,469.8234 (<u>1)</u>	I	By Retirement Plan Trustees		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	int of rlying	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		
ClementHolmes Linda W ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202			Chief Information Officer			
Signatures						
/s/ Sandra T. Lane, attorney-in-fact for Ms. Clement-Holmes			01/30/2015			
<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) Reflects adjustment to PST for period 10/1/2014-12/31/2014.

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.