Keith R. Alexandra Form 4 November 15, 2018

#### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

1. Name and Address of Reporting Person \*

1(b).

may continue.

See Instruction

Keith R. Alexandra			Symbol PROCTER & GAMBLE Co [PG]					Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				J	(Check all applicable)				
ONE PROCTER & GAMBLE PLAZA			(Month/Day/Year) 11/14/2018					Director 10% Owner Officer (give title Other (specify below) below)  President Global Hair & Beauty				
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)  CINCINNATI, OH 45202				Applio _X_ F Fo	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>							
(City)	(State)	(Zip)	Ta	ıble I - No	n-Derivative S	ecuritie	Persones Acquired.	Disposed of, or l	Beneficially (	Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ed Date, if	3.	4. Securities ionDisposed of (Instr. 3, 4 and	Acquire (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	11/14/2018			Ι	7,336.0124	4 D	\$ 93.4988	2,316.6355	I	By Retirement Plan Trustee		
Common Stock								39,626.99	D			
Common Stock								8,798.115	I	By Spouse		
Common Stock								4,689.7246	I	By Spouse, By Retirement		

0.5

5. Relationship of Reporting Person(s) to

Plan Trustee

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.

SEC 1474

(9-02)

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Relationships

## **Reporting Owners**

Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			
Keith R. Alexandra			President				
ONE PROCTER & GAMBLE PLAZA			Global Hair &				
CINCINNATI, OH 45202			Beauty				

#### **Signatures**

/s/ Aaron Shepherd, attorney-in-fact for R. Alexandra
Keith

11/15/2018

\*\*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).

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.

Reporting Owners 2