### Edgar Filing: KRAFT FOODS INC - Form 4

KRAFT FO	ODS INC									
Form 4										
April 20, 20	06									
FORM	<b>ORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL	
. •	• • UNITED	STATES S					NGE C	COMMISSION	OMB	3235-0287
Check th	nis box		was	hington,	D.C. 20	549			Number:	January 31,
	if no longer						NEDSHID OF	Expires:	2005	
-	subject to Section 16 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated a	•		
	Section 16. SECURITIES Form 4 or						burden hours per response 0.5			
Form 5							response	0.5		
obligatio	ons Section 170						•	1935 or Section	1	
may con See Instr	unue.			vestment	-	~ ~				
1(b).	uetion				•	•				
(Print or Type ]	Responses)									
1 Name and A	Address of Reporting	Person *	2 Ianuar	Nama and	Tielsen on	Tradia		5. Relationship of	Reporting Pers	on(s) to
Stone West		2. Issuer Name <b>and</b> Ticker or Trading Symbol				Ig	Issuer	reporting rens	011(0) 10	
	5		•	FOODS	INC [K]	T				
(Lost)	(First)				-	- 1		(Checl	k all applicable	)
(Last) (First) (Middle) THREE LAKES DRIVE			3. Date of Earliest Transaction (Month/Day/Year)					Director	10%	Owner
			04/20/2006					Officer (give title Other (specify		
		·						below)	below) oup Vice Pres	
	(Sture et)		4 10 4	1					•	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check		
		1	rneu(mon	ui/Day/Tear	)			Applicable Line) _X_ Form filed by C	One Reporting Pe	rson
NORTHFIE	ELD, IL 60093							Form filed by M		
								Person		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of	2. Transaction Dat			3.	4. Securi			5. Amount of	6. Ownership	
Security	(Month/Day/Year)		Date, if	· · · · · · · · · · · ·				Securities	Form: Direct Indirect (D) or Beneficia	Indirect Beneficial
(Instr. 3)		any (Month/Da	y/Year)	Code (Instr. 8)	(insu. <i>5</i> ,	4 anu	5)	Beneficially Owned	Indirect (I)	Ownership
		,	•	. ,				Following	(Instr. 4)	(Instr. 4)
						(A)		Reported Transaction(s)		
						or		(Instr. 3 and 4)		
Class A				Code V	Amount	(D)	Price	(		
Class A Common	04/20/2006	04/20/20	06	S	4,150	D	\$	44,985	D	
Stock	04/20/2000	04/20/20	00	3	4,150	D	30.34	44,903	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)

#### (Month/Day/Year) Derivative Conversion Execution Date, if TransactionNumber **Expiration Date** Amount of Security or Exercise any Code of (Month/Day/Year) Underlying (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Securities Derivative (Instr. 3 and 4) Derivative Securities Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares

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4.

5.

6. Date Exercisable and

7. Title and

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

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Own

Follo

Repo

Trans

(Insti

# **Reporting Owners**

1. Title of

2.

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Stone West Mary E THREE LAKES DRIVE NORTHFIELD, IL 60093			Group Vice Pres					
Signatures								
/s/ Marc S. Firestone, by power attorney	of	04/2						
**Signature of Reporting Person		1	Date					

3. Transaction Date 3A. Deemed

## **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.