FOOT LOCKER INC

Form 4 March 27, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB

Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response... 0.5

1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * Alviti Paulette	2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER INC [FL]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check an applicable)		
C/O FOOT LOCKER, INC., 112 WEST 34TH STREET	(Month/Day/Year) 03/25/2015	Director 10% Owner _X Officer (give title Other (specify below) SVP & Chief HR Officer		
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Che		
NEW YORK,, NY 10120	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

• •		Table	I - Moll-De	iivalive S	ecurn	nes Ac	quii eu, Disposeu (oi, or belieficial	ly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ties		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	nAcquired	(A) o	r	Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed	of (D)	Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	03/25/2015		A <u>(1)</u>	5,297	A	\$0	5,297	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.

SEC 1474

(9-02)

Table I Non Derivative Securities Acquired Disposed of ar Repositionally Owned

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Securition
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numb of Sha
Employee stock option (right to buy)	\$ 62.11	03/25/2015		A	16,000	03/25/2016(2)	03/25/2025	Common Stock	16,0

Deletionships

Reporting Owners

Reporting Owner Name / Address		Kelationships					
	Director	10% Owner	Officer	Other			

Alviti Paulette C/O FOOT LOCKER, INC. 112 WEST 34TH STREET NEW YORK,, NY 10120

SVP & Chief HR Officer

Signatures

Sheilagh M. Clarke, Attorney-in-Fact for Paulette Alviti

03/25/2015 Date

**Signature of Reporting Person

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).
- Represents performance-based restricted stock units earned for the 2013-2014 long-term incentive period, as the performance conditions (1) for this performance period were met and certified as of March 25, 2015. The restricted stock units will vest on March 28, 2016 and are payable solely in shares of the Company's common stock.
- Option becomes exercisable in three equal annual installments, beginning March 25, 2016, which is the first anniversary of the date of **(2)** 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.

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