## Edgar Filing: GENERAL MILLS INC - Form 4

GENERAL	MILLS INC										
Form 4											
August 18,	2015										
FORM		GEOU						OMB APPROVAL			
<b>CURITIES A</b> UNITED STATES SECURITIES A Washington,									OMB Number:	3235-0287	
Check t			U					Expires:	January 31,		
if no lor subject		AENT O	F CHAI	NGES II	N BENE	FICL	AL OWN	<b>VERSHIP OF</b>	•	2005	
Section			SECU	RITIES	5			Estimated average burden hours per			
Form 4	or								response	0.5	
Form 5	ong *	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,									
obligati may cor				•	•	-	•	1935 or Section			
See Inst		30(h)	of the I	nvestme	nt Comp	any A	ct of 194	0			
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person       2. Issuer Name and Ticker or Trading       5. Relat						5. Relationship of R	Reporting Perso	on(s) to			
Erickson P	eter C		Symbol					Issuer			
		GENE	RAL MI	LLS ING	C [GIS	5]	(Check all applicable)				
(Last)	(First) (	Middle)	3. Date	of Earliest	Transactio	n		(enter an appreader)			
			(Month/Day/Year)					Director 10% Owner			
	ONE GENERAL	MILLS	08/17/2015					XOfficer (give titleOther (specify below) below)			
BOULEVA	ARD							· · · · · · · · · · · · · · · · · · ·	e Vice Preside	nt	
(Street)			4. If Amendment, Date Original Filed(Month/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			
MINNEAP	POLIS, MN 55426	)						Person	ie man one Rep	Jorting	
(City)	(State)	(Zip)	Tal	ole I - Non	-Derivati	ve Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date			3. 4. Securities Acquired (A)					6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if					Securities Beneficially	Ownership Form:	Indirect Beneficial	
(Instr. 3)		any (Month/Da	w/Year)	Code (Instr. 3, 4 and 5) /Year) (Instr. 8)				Owned Following		Ownership	
		``	5	· · · ·	(A)			Reported		(Instr. 4)	
						(A) or		Transaction(s)	(I) (I ( 1)		
				Code V	Amoun		Price	(Instr. 3 and 4)	(Instr. 4)		
Common Stock	08/17/2015			М	60,000	А	\$ 25.63	190,658.5456	D		
Common	08/17/2015			S	60,000	D	\$	130,658.5456	D		
Stock	00/1//2015			3	00,000	D	59.341	150,058.5450	D		
Common Stock								8,796	Ι	by Trust $(1)$	

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 (9-02) required to respond unless the form displays a currently valid OMB control number.

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code V	(A) (	(D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Non-Qualified Stock Option (right to buy)	\$ 25.63	08/17/2015		М	60	),000	06/26/2010	07/26/2016	Common Stock	60

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Erickson Peter C NUMBER ONE GENERAL MILLS BOULEVARD MINNEAPOLIS, MN 55426			Executive Vice President				
Signatures							
By: Christopher A. Rauschl For: Peter C. Erickson	08/18/2	2015					
**Signature of Reporting Person	Date						
Explanation of Responses:							
* If the form is filed by more than one reporting person see Instruction $A(\mathbf{b})(\mathbf{y})$							

- \* 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) Held in Trust by the Trustee of the General Mills Savings Plan.

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.