KROGER CO Form 5 March 10, 2003

SEC Form 5

FORM 5	UNIT	UNITED STATES SECURITIES AND EXCHANGE							3 APPROVAL
[] Check this box if no longer subject to Section 16. Form or Form 5 obligations may continue. See Instruction 1(b). [] Form 3 Holdings Reported [] Form 4 Transactions Reported	ANNUAL S	COMMISSION Washington, D.C. 20549 ETATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP ant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility pany Act of 1935 or Section 30(f) of the Investment Company Act of 1940					, Section	OMB Number: 3235-0362 Expires: January 31, 2005 Estimated average burden hours per response1.0	
Name and Address of Report Henderson, Scott M.	Issuer Name and Ticker or Trading Symbol			Statement for Month/Year		Relationship of Reporting Person(s) Issuer (Check all applicable)		. , ,	
(Last) (First) (Middle) 1014 Vine Street Cincinnati, OH (Street) 45202 (City) (State)	(Middle) O14 Vine Street (Street) Cincinnati, OH 45202			The Kroger Co. KR 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)			_ Director _ 10% Owner X Officer (give title below) _ Other (specify below) Description		orner low) _ Other asurer
						_ Form	Form filed by One Reporting Person Form filed by More than One eporting Person		
			1		Disposed of, or				
1. Title of Security (Instr. 3) 2.Transac Date (Month/D	Executi ay/Year) any		3. Transaction Code (Instr. 8)	Acqu Disp (Ir	Amount / Price	of	ties cially d at end 's Fiscal	6. Owner- ship Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock					//\$	11,405	.4669	D	
	•						•		_

		iable ii				sposed of, or Benefice, convertible securit	•			
1. Title of Derivative Security (Instr. 3)	Exercise Price of Deri-	Transaction Date	3A. Deemed Execution Date, if any	4. Transaction Code (Instr.8)	of Derivative Securities	and	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr.5)	9. Number of Derivative Securities Beneficially Owned at End of Yea	1 S F I ar
	Security	/	(Month/ Day/		or Disposed				Reported Transaction(s	s)

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		Year)	Of (D)			(Instr.4)	or Ind
			(Instr. 3, 4 and 5)				(In
			A or D	DE / ED	Title / Amount or Number of Shares		
Non-Qualified Stock Option	\$10.3750			/ 04/17/2006	Common Stock / 10,000.000	\$ 10,000.000	
Non-Qualified Stock Option	\$13.4375			/ 05/14/2007	Common Stock / 9,000.000	\$ 9,000.000	
Non-Qualified Performance Stock Option	\$13.4375			/ 05/14/2007	Common Stock / 9,000.000	\$ 9,000.000	
Non-Qualified Stock Option	\$22.2344			/ 04/15/2008	Common Stock / 9,000.000	\$ 9,000.000	
Non-Qualified Performance Stock Option	\$22.2344			/ 04/15/2008	Common Stock / 9,000.000	\$ 9,000.000	
Non-Qualified Stock Option	\$27.1719			/ 05/26/2009	Common Stock / 9,000.000	\$ 9,000.000	
Non-Qualified Performance Stock Option	\$27.1719			/ 05/26/2009	Common Stock / 9,000.000	\$ 9,000.000	
Non-Qualified Stock Option	\$16.5938			/ 02/10/2010	Common Stock / 4,500.000	\$ 4,500.000	
Non-Qualified Performance Stock Option	\$16.5938			/ 02/10/2010	Common Stock / 4,500.000	\$ 4,500.000	
Non-Qualified Stock Option	\$24.4300			/ 05/09/2011	Common Stock / 4,500.000	\$ 4,500.000	
Non-Qualified Performance Stock Option	\$24.4300			/ 05/09/2011	Common Stock / 4,500.000	\$ 4,500.000	
Non-Qualified Stock Option	\$22.9950			/ 05/09/2012	Common Stock / 4,500.000	\$ 4,500.000	
Non-Qualified Performance Stock Option	\$22.9950			/ 05/09/2012	Common Stock / 4,500.000	\$ 4,500.000	
Non-Qualified Stock Option	\$14.9250			/ 12/12/2012	Common Stock / 10,000.000	\$ 10,000.000	

Explanation of Responses:

By: Date: /s/ 03/07/2003

Scott M. Henderson

** Signature of Reporting Person SEC 2270 (09-02)

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

⁻ The total amount of securities directly owned by the reporting person includes shares in the Company's employee benefit plans which are deemed to be "tax-conditioned plans" pursuant to Rule 16b-3, to the extent disclosed on reports received from plan trustees.

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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.

^{*} 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).