Mignini Luca Form 3					
	FATES SECURITIES A Washington, L STATEMENT OF BE SECUR	OMB APPROVAL OMB 3235-0104 Number: January 31, 2005			
Filed pursu Section 17(a)	Estimated average burden hours per response 0.5				
(Print or Type Responses)					
1. Name and Address of Reporting Person <u>*</u> Mignini Luca	2. Date of Event Requirin Statement (Month/Day/Year)	iring 3. Issuer Name <b>and</b> Ticker or Trading Sy CAMPBELL SOUP CO [CPB]			nbol
(Last) (First) (Middle)	01/21/2013	4. Relationsh Person(s) to	iip of Reporting Issuer		Amendment, Date Original Month/Day/Year)
RIJKSWEG 16		(Checl	k all applicable)		`` <b>`</b> `
(Street) PUURS, C9 B-2870		Directo X Officer (give title belo Senior	r 10% ( c Other w) (specify belo Vice President	6. Ind Owner Filing _X_ F ow) Persor Fo Repor	orm filed by More than One ting Person
(City) (State) (Zip)			tive Securiti		•
1.Title of Security (Instr. 4)	2. Amount Beneficiall (Instr. 4)	of Securities y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	Indirect Beneficial
Common Stock	0		D	Â	
	r each class of securities benefi respond to the collection o potained in this form are no	of	SEC 1473 (7-02	)	
required to res	spond unless the form disp OMB control number.				
Table II - Derivative S	ecurities Beneficially Owned (	(e.g., puts, calls	s, warrants, opt	ions, convert	ible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying		4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
			Derivative Security		or Exercise	Form of	(Instr. 5)
			(Instr. 4)		Price of	Derivative	
	Date Expiration Exercisable Date	Emination	T:41-	Amount or	Derivative	Security:	
		1	Thie		Security	Direct (D)	
		Date	Ni	Number of		or Indirect	

Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Mignini Luca RIJKSWEG 16 PUURS, C9 B-2870	Â	Â	Senior Vice President	Â		
Signatures						
Tara L. Smith, Attorney-in-Fact	01/30/2013					
**Signature of Reporting Person	:	Date				

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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.