## Edgar Filing: LARSEN MARSHALL O - Form 4

LARSEN MARSH Form 4 July 05, 2011	HALL O										
FORM 4								-	PPROVAL		
-	UNITED	STATES		RITIES A			COMMISSIO	N OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Estimated burden hou response	Estimated average burden hours per response 0.5			
(Print or Type Respon	ises)										
1. Name and Address LARSEN MARS		Person <u>*</u>	Symbol	er Name <b>and</b> S COMP		Trading	5. Relationship o Issuer				
(Last) (I	First) (1	Middle)	3. Date of	of Earliest T	ransaction		(Cho	eck all applicabl	e)		
1000 LOWE'S BO	1000 LOWE'S BOULEVARD			Day/Year) 2011			X_ Director10% Owner Officer (give titleOther (specify below)below)				
(Street) MOORESVILLE, NC 28117			4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by Form filed by	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	State)	(Zip)			<b>.</b>	~ •• •					
		-		le I - Non-I			cquired, Disposed		lly Owned		
	nsaction Date h/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on	a separate line	e for each cl	ass of sec	urities benet	ficially ow	ned directly o	or indirectly.				
·	·				Perso inforn requir	ns who res nation cont red to respo ays a curren	pond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab	le II - Deriv	vative Sec	urities Acq	uired, Dis	posed of, or	Beneficially Owned	d			

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A) or		

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	Derivative Security				Disposed of (D) (Instr. 3, 4, and 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock (1)	<u>(2)</u>	06/30/2011	А		1,018.876		(2)	(2)	Common Stock	1,018.876

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh	ips			
	Director	10% Owner	Officer	Other		
LARSEN MARSHALL O 1000 LOWE'S BOULEVARD MOORESVILLE, NC 28117	Х					
Signatures						
By: Sandra Felton For: Marshal Larsen	10.	07/0	5/2011			
<u>**</u> Signature of Reporting Person		E	Date			
Explanation of Responses:						

## 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 the credit of deferred compensation to the Reporting Person's deferred stock account under the Lowe's Deferred (1) Compensation Program.
- (2) The Reporting Person becomes entitled to the cash value of the phantom stock upon ceasing to be a director of Lowe's.
- (3) Includes the credit of dividends to the Reporting Person's deferred stock account under the Lowe's Deferred Compensation Program.

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.