Edgar Filing: BLAKE FRANCIS S - Form 4

BLAKE FRA	NCIS S											
Form 4												
June 14, 2018	8											
FORM	4									PPROVAL		
	UNIII	ED STATH		ITIES Al hington, l			NGE (COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW					Expires:	January 31,		
								NERSHIP OF	Estimated a	2005 2005		
Section 16.				SECURITIES					burden hou	•		
Form 4 or									response	•		
Form 5 obligatior		^					-	ge Act of 1934,				
may conti				•	•	• •		f 1935 or Sectio	n			
See Instru		30(l	n) of the Inv	vestment (Company	/ Act	of 19	40				
1(b).												
(Print or Type R	(esponses)											
× 51	1 /											
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of						f Reporting Per	Reporting Person(s) to					
BLAKE FRANCIS S Symbol								Issuer				
				CTER & GAMBLE Co [PG]				(Check all applicable)				
			3. Date of	3. Date of Earliest Transaction (Month/Day/Year)				(Check an applicable)				
								X Director	10%	Owner		
ONE PROCTER & GAMBLE 06/12/2				-			Officer (give title Other (specify					
PLAZA								below)	below)			
			4. If Ame	Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				(Month/Day/Year)				Applicable Line)				
								X Form filed by				
CINCINNA	TI, OH 45202	2						Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f. or Beneficial	llv Owned		
1.Title of	2 Transaction	Data 24 D		3.				5. Amount of	6. Ownership	7. Nature of		
Security	2. Transaction Date 2A. De (Month/Day/Year) Execut		tion Date, if				r	Securities	Form: Direct	Indirect		
(Instr. 3)		any	,	Code Disposed of (D)					D) or Indirect (I)	Beneficial		
		(Month/Day/Year)			(Instr. 3,	4 and	5)	Owned		Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Drice	(Instr. 3 and 4)				
Common				Coue v	Amount	(D)	Price \$ 0					
Stock	06/12/2018			А	357	А	(1)	10,938.671 <u>(2)</u>	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.

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BLAKE FRANCIS S ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202	Х						
Signatures							
/s/ Robert B. White, attorney-in-fact for Blake	Mr.	06/14/2018					
<u>**</u> Signature of Reporting Person		Date					

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).
- (1) Common stock awarded pursuant to issuer's 2014 Stock and Incentive Compensation Plan.
- (2) Total includes grant of dividend equivalents in the form of Restricted Stock Units.

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.