#### TASTAD CAROLYN M

Form 4 July 02, 2018

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Estimated average

5. Relationship of Reporting Person(s) to

1,993.2817

574.0183 (3) I

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

2. Issuer Name and Ticker or Trading

burden hours per response... 0.5

See Instruction 1(b).

Common

Common

Stock

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person \*

TASTAD CAROLYN M			Symbol PROC	TER & GAMBI	LE Co [PG]	Issuer			
(Last) ONE PROPLAZA	(First) CTER & GAME	(Middle)	3. Date of	of Earliest Transact Day/Year)		DirectorX Officer (g		0% Owner Other (specify	
CINCINNA	(Street) ATI, OH 45202			endment, Date Oriş onth/Day/Year)	ginal	6. Individual or Applicable Line) _X_ Form filed by Person		g Person	
(City)	(State)	(Zip)	Tab	ole I - Non-Derivat	ive Securities A	cquired, Disposed	of, or Benefic	cially Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution	med on Date, if Day/Year)	Transaction(A) or	(A) or or (D) Price	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)	
Common Stock	07/02/2018			F 288 9	1) D \$ 77.91	59,622.399 (2)	D		
Common Stock						3,446.2218 (3)	I	By Retirement Plan Trustee	

By Spouse

By Spouse,

Retirement

By

Plan

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Trustees

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.

SEC 1474 (9-02)

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. Transa Code (Instr.		onDerivative		Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(4)</u>	05/15/2018		A	V	29.743		<u>(5)</u>	<u>(5)</u>	Common Stock	29.743	

## **Reporting Owners**

Reporting Owner Name / Address	Kelationships							
	Director	10% Owner	Officer	Other				
TASTAD CAROLYN M			Group					
ONE PROCTER & GAMBLE PLAZA			President -					
CINCINNATI, OH 45202			NA SMO					

# **Signatures**

/s/ Sandra T. Lane, attorney-in-fact for Carolyn M.

Tastad

07/02/2018

\*\*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) Shares withheld to cover taxes on previous Restricted Stock Unit grants.
- (2) Total includes grant of dividend equivalents in the form of Restricted Stock Units (RSU's) settled in common stock.
- (3) Reflects adjustment to PST through March 31, 2018.
- (4) Dividend equivalents in the form of Restricted Stock Units (RSUs) previously awarded pursuant to issuer's retirement program. All such RSUs represent a contingent right to receive Procter & Gamble common stock.

Reporting Owners 2

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(5) These units will deliver in shares on retirement from the company, unless delivery is deferred or such shares are contributed to reporting person's deferred compensation account.

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.