## Edgar Filing: CONAGRA FOODS INC /DE/ - Form 4

CONAGRA Form 4 April 04, 200	FOODS INC /D )5	E/										
FORM 4UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 							OMB Number: Expires: Estimated a burden hour response	•				
JURGENSEN WILLIAM G Symbol				r Name <b>and</b> Ticker or Trading GRA FOODS INC /DE/				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D NATIONWIDE INSURANCE 04/01/20 ENTERPRISE, ONE NATIONWIDE PLAZA				-				X_ Director 10% Owner Officer (give title Other (specify below) below)				
Filed(Mon COLUMBUS, OH 43215				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>				
(City) 1.Title of Security (Instr. 3)	(State) 2. Transaction Dat (Month/Day/Year)	Executio any		e I - Non-D 3. Transactio Code (Instr. 8) Code V	4. Securi m(A) or Di (Instr. 3,	ties A spose	cquired d of (D)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common Stock	04/01/2005			А	529	А	<sup>5</sup> 27.02 (1)	31,663	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.

## Edgar Filing: CONAGRA FOODS INC /DE/ - Form 4

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

## **Reporting Owners**

Reporting Owner Nar	Relationships						
	Director	10% Owner	Officer	Other			
JURGENSEN WILLIAM O NATIONWIDE INSURAN ONE NATIONWIDE PLAZ COLUMBUS, OH 43215	Х						
Signatures							
W.G. Jurgensen	04/04/2005						
<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) These shares were acquired pursuant to the Directors' Deferred Compensation Plan.

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.