Fregolle Robert L. JR. Form 4 August 07, 2009

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

3235-0287 Number:

0.5

if no longer subject to Section 16. Form 4 or

Check this box

January 31, Expires: 2005

Estimated average burden hours per

5. Relationship of Reporting Person(s) to

Issuer

9.367

response...

Form 5 obligations may continue. See Instruction

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

Symbol

1(b).

Stock

(Print or Type Responses)

Fregolle Robert L. JR.

1. Name and Address of Reporting Person *

(Last) (First) (Middle)			PROCTER & GAMBLE CO [PG] 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2009				(Check all applicable) Director 10% Owner _X Officer (give title Other (specify below) Global Cust. Bus. Dev. Officer				
											(Street) CINCINNATI, OH 45202
	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
	1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution any		Code (Instr. 8)	4. SecurionAcquired Disposed (Instr. 3,	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 7,288.933 (1)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Common Stock							21,104.7523 (2)	I	By Retirement Plan Trustees	
	Common Stock							9.367	I	By son Robert	
	Common							9 367	ī	By daugher	

Hannah

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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. Transacti Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 1
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(3)</u>	08/06/2009		A	854	<u>(4)</u>	<u>(4)</u>	Common Stock	854	\$ 0 9

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Fregolle Robert L. JR. ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202

Global Cust. Bus. Dev. Officer

Signatures

/s/ Adam Newton, Attorney-in-Fact for ROBERT L. FREGOLLE, JR.

08/07/2009

**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) Total includes addition of 949.594 shares inadvertently omitted from reporting person's original filing but reflected on a Form 3/A filed 5/13/09 and the grant of dividends in the form of RSUs on 5/15/2009.
- (2) Holdings as of 6/30/09.
- (3) Retirement award in the form of Restricted Stock Units which represent a contingent right to receive Procter & Gamble common stock or cash settlement. Amount and price computed per benefit formula for plan year ended 6/30/09.

Reporting Owners 2

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- (4) These units will deliver in shares or cash settlement on retirement from the company, unless delivery is deferred or such shares are contributed to reporting person's deferred compensation account.
- (5) Award in the form of Restricted Stock Units, computed per benefit formula for plan year ended 6/30/09.

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.