Edgar Filing: PROCTER & GAMBLE Co - Form 4

| Form 4 May 31, 20 FORM Check if no lo subject Section Form 4 Form 5 obligat may co | M 4 this box nger to 16. or 5 ions truction STATEN STATEN Filed pu Section 170 | MENT O rsuant to S (a) of the 1 | Wa F CHA Section Public U | ashing NGES SEC 16(a) o Jtility | ton IN UI of the | h, D.C. 2 BENE RITIES he Secur ding Co | FICI FICI |) I AL OW I Exchange | OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0 | OMB Number: Expires: Estimated burden ho response. | urs per | |
|---|---|--|------------------------------------|---|---------------------------|---|------------------|-----------------------------------|--|---|-------------------------------------|--|
| 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer | | | | | | | | | rson(s) to | | | |
| (Last) (First) (Middle) 3. Date (Mont | | | 3. Date (Month/ | ol CTER & GAMBLE Co [PG] te of Earliest Transaction th/Day/Year) 7/2016 | | | | | (Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Group President - NA SMO | | | |
| (Street) 4. If An Filed(M | | | | nendment, Date Original Ionth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | ATI, OH 45202 (State) | (Zip) | Tal | hla t N | Ion | Domissotis | o Soo | unities A ag | Person | or Donofici | ally Owned | |
| 1.Title of Security (Instr. 3) | | ansaction Date 2A. Deemed | | | actio 8) | | ties A sed of | cquired (A) | | or Beneficially Owned 6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4) | | |
| Stock | 05/27/2016 | | | S | | 1,881 | D | 81.4017 (1) | 62,294.031 | D | | |
| Common Stock | | | | | | | | | 2,178.4013 | I | By Retirement Plan Trustee | |
| Common Stock | | | | | | | | | 1,993.2817 | Ι | By Spouse | |
| Common Stock | | | | | | | | | 520.297 | Ι | By Spouse, By | |

Edgar Filing: PROCTER & GAMBLE Co - Form 4

Retirement Plan Trustees

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

| 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. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 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 Name / Address | Relationships | | | | | | |
|--|---------------|-----------|--------------------------------|------|--|--|--|
| | Director | 10% Owner | Officer | Othe | | | |
| TASTAD CAROLYN M ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202 | | | Group President - NA SMO | | | | |
| Signatures | | | | | | | |
| /s/ Sandra T. Lane, attorney-in-fact for Car Tastad | olyn M. | 05/31/20 | 016 | | | | |

**Signature of Reporting Person

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).
- Weighted average price of the shares sold. The price range was \$81.40 to \$81.404. Full information regarding the number of shares sold (1) at each separate price available upon request.

Date

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.