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	& GAMBLE Co												
Form 4 May 18, 201	15												
										OMB APPROVAL			
UNITED STATES SECU.						ND EX D.C. 2			OMMISSION	OMB Number:	3235-0287		
Check th if no lon								Expires:	January 31, 2005				
subject to Section 16. Form 4 or Form 5 chliantians			Section	SEC 16(a) of	UR f the	ITIES e Securi	ities	Exchange	e Act of 1934,	Estimated burden ho response.	l average ours per		
may con See Instr 1(b).	tinue. Section 17			•		•	-	ny Act of .ct of 194	1935 or Sectio 0	n			
(Print or Type	Responses)												
1. Name and A Martin Rian	2. Issuer Name and Ticker or Trading Symbol PROCTER & GAMBLE Co [PG]						5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First)	(Middle)		of Earlies				[10]	(Check all applicable)				
	CTER & GAMBI	``´´	(Month/) 05/18/2	Day/Yea		ansaction	L		Director X Officer (give below) GrpPresGlob		0% Owner ther (specify amilyCare		
				endment, onth/Day/Y		-	al		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
CINCINNA	ATI, OH 45202								Form filed by M	Aore than One I	Reporting Person		
(City)	(State)	(Zip)	Tab	ole I - No	n-D	erivative	e Secu	irities Acq	uired, Disposed o	f, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr. 8	ction (3)	4. Securit (A) or Di (Instr. 3, Amount	spose 4 and (A) or	d of (D)	5. Amount of Securities 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	05/18/2015			S		5,599	D	\$ 80.707	85,802.439 (1)	D			
Common Stock									7,943.7712 (2)	I	By Retirement Plan Trustees		
Common Stock									686	I	Martin Riant & Fiona R. Riant Trust		

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

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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. Transacti Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(3)</u>	05/15/2015		A V	13.535	(4)	(4)	Common Stock	13.535	

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Martin Riant **ONE PROCTER & GAMBLE PLAZA** GrpPresGlobalBabyFemFamilyCare CINCINNATI, OH 45202 Signatures /s/ Sandra T. Lane, attorney-in-fact for Martin

Riant

**Signature of Reporting Person

05/18/2015 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 grant of dividend equivalents on May 15, 2015 in the form of Restricted Stock Units (RSU's) settled in common stock.
- (2) Reflects adjustment to PST for period 1/1/2015-3/31/2015.
- Dividend equivalents in the form of Retirement RSU's previously awarded pursuant to Issuer's retirement program. All such RSU's (3)represent a contingent right to receive Procter & Gamble common stock or cash settlement.
- These units deliver in shares or cash settlement on retirement from the Company, unless delivery is deferred or such shares are (4) 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.