Edgar Filing: JOHNSON & JOHNSON - Form 4

JOHNSON &	L JOHNSON												
Form 4													
February 13,	2008												
FORM	1										PPROVAL		
	UNIII	ED STATE				ND EXC).C. 205		NGE (COMMISSION	OMB Number:	3235-0287		
Check this										Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHANGES IN					N BENEFICIAL OWNERSHIP OF				•	2005		
Section 10	5.	SECURITIES								Estimated average burden hours per			
Form 4 or									response	. 0.5			
Form 5 obligation	-	^						-	ge Act of 1934,				
may conti	Section			•		•			f 1935 or Sectio	n			
See Instru		30(h) of the In	vestmer	nt C	Company	/ Act	of 19	40				
1(b).													
(Print or Type R	esponses)												
(I fint of Type K	csponses)												
COLEMAN MARY SUE Symbol				2. Issuer Name and Ticker or Trading vmbol					5. Relationship of Reporting Person(s) to Issuer				
				ISON & JOHNSON [JNJ]									
(Last) (First) (Middle) 3. E			3 Date of	3. Date of Earliest Transaction (Month/Day/Year)					(Check all applicable)				
									X Director	10%	6 Owner		
				2/11/2008					Officer (give title Other (specify				
JOHNSON &	& JOHNSON	PLAZA							below)	below)			
	(Street)		4. If Ame	ndment. I	Date	Original			6. Individual or Jo	oint/Group Fili	19(Check		
· · · · · · · · · · · · · · · · · · ·				f Amendment, Date Original ed(Month/Day/Year)					Applicable Line)				
			`	2	Í				_X_ Form filed by				
NEW BRUN	ISWICK, NJ	08933							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)											
(City)	(State)	(Zip)	Table	e I - Non-	-De	rivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction			3.		4. Securit			5. Amount of	*	7. Nature of		
Security (Instr. 3)	(Month/Day/Y	on Date, if TransactionAcquired (A) or Code Disposed of (D)						Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(IIIsu. 5)		any (Month	n/Day/Year)						Owned	Indirect (I)	Ownership		
		× ×	, , , , , , , , , , , , , , , , , , ,	[×]	·	× ,		·	Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported				
							or		Transaction(s) (Instr. 3 and 4)				
~				Code	V	Amount	(D)	Price	(mou. 5 and +)				
Common Stock	02/11/2008			А		1,619 (1)	А	\$0	7,799 (2)	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.

 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)	4. Transactic Code (Instr. 8)		Number Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units (3)	<u>(4)</u>				(3)	<u>(3)</u>	Common	0	

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Reporting Owners

Reporting Owner Name / Address	Relationships						
r	Director	10% Owner	Officer	Other			
COLEMAN MARY SUE JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	Х						
Signatures							
Linda E. King, as attorney-in-fact for Mar Coleman	ry Sue	02/12/2008					
** Signature of Reporting Person			Date				
Explanation of Respons	ses:						

- * 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) Annual grant of Restricted Stock issued to Non-Employee Directors under Issuer's Long-Term Incentive Plan.
- (2) Includes 432 shares held in IRA controlled by reporting person and 266 shares under Issuer's Dividend Reinvestment Plan.
- (3) The Phantom Stock Units held under the Issuer's Non-Employee Director Deferred Fee Plan are to be settled in cash upon the Reporting Person's Retirement.

(4) 1 for 1

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.