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PROCTER	& GAMBLE CO												
Form 4	0.0007												
February 20	·									OMB	APPROVAL		
				ECURITIES AND EXCHANGE COM Washington, D.C. 20549						OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section					COL	, 0.0. 2				Expires:	January 31,		
				SEC	CUI	RITIES				Estimated burden ho response.	urs per		
obligati may co <i>See</i> Inst 1(b).	ions Section 170	(a) of the l	Public U	Jtility I	Ho	lding Co	mpa	•	f 1935 or Section	n			
(Print or Type	e Responses)												
1. Name and Address of Reporting Person <u>*</u> LAFLEY ALAN G			2. Issuer Name and Ticker or Trading Symbol PROCTER & GAMBLE CO [PG]						5. Relationship of Reporting Person(s) to Issuer				
									(Check all applicable)				
(N			(Month/	3. Date of Earliest Transaction (Month/Day/Year) 02/15/2007					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) COB, Pres. and Chief Executive				
				I. If Amendment, Date Original					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City)	(State)	(Zip)	Tal	ble I - N	on-	Derivativ	e Seci	urities Aco	uired, Disposed of	. or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed			ctic 8)	4. Securi on(A) or Di (Instr. 3, Amount	ties A spose	cquired 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	02/15/2007			F	v	159	D	\$ 64.845	886,998.563 (1)	D			
Common Stock									45,251.6945	I	By Retirement Plan Trustees		
Common Stock									715.096	Ι	By son		
Common Stock									6,158	Ι	By Trust (2)		

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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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	•		Number		
					(1) (5)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LAFLEY ALAN G ONE PROCTER AND GAMBLE PLAZA CINCINNATI, OH 45202	Х		COB, Pres. and Chief Executive				
Signatures							
Susan S. Whaley as Attorney-In-Fact for ALAI LAFLEY	NG.	02/20/2007					
**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 grant of dividend equivalents in the form of RSUs on 2/15/07, pursuant to Issuer's 2001 Stock and Incentive Compen sation Plan.

(2) By A.G. Lafley Irrevocable Trust II U/A dated March 8, 1999, Margaret G. Lafley, trustee, for benefit of reporting person's wife and children.

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.