### Edgar Filing: TASTAD CAROLYN M - Form 4

TASTAD C Form 4 August 07, 1	CAROLYN M 2018											
	ЛЛ								-	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT OF CH						NERSHIP OF	Expires: Estimated	bires: January 31, 2005 imated average				
Section 16.SECURITIESLotinated averageForm 4 orburden hours perForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or SectionSee Instruction30(h) of the Investment Company Act of 1940												
(Print or Type	Responses)											
TASTAD CAROLYN M Symbol				er Name and Ticker or Trading TER & GAMBLE Co [PG]				5. Relationship of Reporting Person(s) to Issuer				
(Last)					ransaction	_	1	(Check all applicable)				
ONE PROCTER & GAMBLE 08/06/2 PLAZA				Day/Year) 2018				Director 10% Owner XOfficer (give title Other (specify below) Group President - NA SMO				
Filed(Mo				endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
(City)	ATI, OH 45202 (State)	(Zip)			<b>.</b>	G	•.•	Person				
								quired, Disposed o	·	•		
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	08/06/2018			М	69	А	\$ 81.41	54,678.399	D			
Common Stock	08/06/2018			F	69 <u>(1)</u>	D	\$ 81.41	54,609.399	D			
Common Stock								3,513.0816	Ι	By Retirement Plan Trustee		
Common Stock								1,993.2817	Ι	By Spouse		
Common Stock								582.6644	Ι	By Spouse, By		

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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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	Number Expiration Date Underlyin		7. Title and A Underlying S (Instr. 3 and	Securities	8. Price of Derivativ Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(2)	08/06/2018		М	69	(3)	(3)	Common Stock	69	\$ 0

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
TASTAD CAROLYN M			Group				
ONE PROCTER & GAMBLE PLAZA			President -				
CINCINNATI, OH 45202			NA SMO				
Signatures							
/s/ Robert B. White, attorney-in-fact for Card Tastad	olyn M.	08/07/2	018				

<u>\*\*</u>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).

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- (1) Shares withheld to cover taxes on previous Restricted Stock Unit grants.
- (2) 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 6/30/2018.
- (3) These units will deliver in shares on retirement from the company, unless delivery is deferred or such shares are 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.