## Edgar Filing: HOME DEPOT INC - Form 4

HOME DEDOT INC

Form 4	201 INC										
August 22, 2	2005										
FORM	ЛД								OMB AP	PROVAL	
	UNITED	UNITED STATES SECURITIES AND EXCHANGE C Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287	
Check th if no lor subject to Section Form 4 Form 5 obligatio	ger o 16. or Filed pur	STATEMENT OF CHANGES I SECU Filed pursuant to Section 16(a) of					<b>ES IN BENEFICIAL OWNERSHIP OF</b> <b>ECURITIES</b> a) of the Securities Exchange Act of 1934, ty Holding Company Act of 1935 or Sectio				
may cor <i>See</i> Inst 1(b).	tinue. Section 17(	· /		•	lding Com it Compan						
(Print or Type	Responses)										
1. Name and Address of Reporting Person _       2. Iss         NARDELLI ROBERT L       Symbol				suer Name <b>and</b> Ticker or Trading ol				5. Relationship of Reporting Person(s) to Issuer			
		HOME DEPOT INC [HD]					(Check all applicable)				
(Mc			(Month/	Date of Earliest Transaction (onth/Day/Year) /18/2005				X Director 10% Owner X Officer (give title Other (specify below) below) Chairman, Pres., & CEO			
(Street) 4. If a			4. If Am	Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Mo ATLANTA, GA 30339				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)								<b>.</b> .	
		-						quired, Disposed of,		•	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deema Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securitie on(A) or Disp (Instr. 3, 4) Amount	osed o and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
\$.05 Common Stock	08/18/2005			А	175,000 (1)	A	\$0	2,411,652.1136	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)

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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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	ive Expiration Date les (Month/Day/Year) ed (A) osed of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options	\$ 40.7	08/18/2005		А	90,000	(2)	08/17/2015	Common Stock	90,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
NARDELLI ROBERT L 2455 PACES FERRY ROAD ATLANTA, GA 30339	Х		Chairman, Pres., & CEO				
Signatures							
/s/ Robert I							

s/ Robert L.	
ardelli 08/22/	2005
	te
**Signature of Reporting Person	Da

## **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) The deferred shares were issued under The Home Depot, Inc. 2005 Omnibus Stock Incentive Plan and vest in increments of 25% on the 3rd and 6th anniversaries of the grant date and the remaining 50% at age 62.
- (2) The stock options were issued under The Home Depot, Inc. 2005 Omnibus Stock Incentive Plan and are exercisable in 25% increments on the 2nd, 3rd, 4th and 5th anniversaries of the grant 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.