Edgar Filing: GAP INC - Form 4

GAP INC										
Form 4										
October 03, 20)06									
FORM	Δ									PPROVAL
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31
subject to	STAT	FEMENT O	F CHANGES IN BENEFICIAL OWNERSHIP OF					Estimated	Estimated average 200	
Section 16.		SECURITIES						burden hours per		
Form 4 or Form 5	T.1 1	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5
obligations		-								
may contin	ue. Section			vestment (•	- ·		f 1935 or Sectio	n	
See Instruct 1(b).	tion	50(II)	of the m	vestment	Company	y Act	01 194	40		
1(0).										
(Print or Type Re	sponses)									
1. Name and Address of Reporting Person <u>*</u> SAGE GAVIN EVA			2. Issuer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to				
			Symbol GAP INC [gps]					Issuer		
								(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	nsaction					,
C/O GAP INC., TWO FOLSOM ST			(Month/Day/Year) 09/29/2006			Director		6 Owner		
						X Officer (giv below)	below)	er (specify		
								EVP, I	Human Resource	ces
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			Filed(Mon	th/Day/Year)				Applicable Line)		
		04105 1005						_X_Form filed by Form filed by I	One Reporting Po More than One Ro	
SAN FRANC	LISCO, CA	94105-1205						Person		porting
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securit	ies Aco	quired, Disposed o	f, or Beneficia	lly Owned
1.Title of	2. Transaction	n Date 2A. Dee	emed	3.	4. Securi			5. Amount of	6. Ownership	
-	(Month/Day/	Year) Executi	on Date, if	Transactio	-			Securities	Form: Direct (D) or	Indirect Beneficial
(Instr. 3)		any (Month)	/Day/Year)	Code (Instr. 8)	Disposed (Instr. 3,			Beneficially Owned	Indirect (I)	Ownership
					(Following	(Instr. 4)	(Instr. 4)
						(A)		Reported Transaction(s)		
						or		(Instr. 3 and 4)		
C				Code V	Amount	(D)	Price			
Common								1,218	D	
Stock										

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
	·			Code V	5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Notional Gap Stock (1)	<u>(2)</u>	09/29/2006		A	737.208	(2)	(2)	Common Stock	737.208

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SAGE GAVIN EVA C/O GAP INC. TWO FOLSOM ST SAN FRANCISCO, CA 94105-1205			EVP, Human Resources				
Signatures							

/s/ Thomas J. Lima, Power of	10/03/2006
Attorney	10/03/2000

**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) Notional Gap Stock is acquired through participation in the Supplemental Deferred Compensation Plan.

Each share of Notional Gap Stock is the economic equivalent of one share of Gap Inc. common stock. The shares become payable in(2) cash, pursuant to the election of the reporting person at the time of enrollment in the Plan or in certain circumstances following termination.

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.