SHIRLEY EDWARD D

Form 4

March 02, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response... 0.5

Estimated average

See Instruction

1(b).

(Print or Type Responses)

	(Print or Type	Responses)								
		Address of Reporting I EDWARD D	Symbol	2. Issuer Name and Ticker or Trading Symbol PROCTER & GAMBLE CO [PG]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(Last)	(First) (N	Middle) 3. Date	of Earliest T	ransaction	(C	леск ин иррпси	510)		
	ONE PROO	CTER & GAMBL	`	Day/Year) 2011		below)	give title 10 below) Chairman-Global			
		(Street)	4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
CINCINNATI, OH 45202			Filed(Me	Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially										
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	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)		

Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transacti- Code (Instr. 8)	onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/28/2011		A	7,931		0	75,810.626	D	
Common Stock							49.3292	I	By Child, AES
Common Stock							50.0743	I	By Child, KAS
Common Stock							98.1089	I	By Child, KMS
Common Stock							24,500.5037	I	By Retirement Plan

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Trustees

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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. Transactio Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and	Derivative Expiration Date Gecurities (Month/Day/Year) Acquired (A) or Disposed of (D)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
	Ţ			Code V	5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount of Number of Shares
Stock Option (Right to Buy)	\$ 63.05	02/28/2011		A	107,058	02/28/2014	02/28/2021	Common Stock	107,058

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

SHIRLEY EDWARD D ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202

Vice Chairman-Global Beauty

Signatures

/s/ Kenneth L. Blackburn, Attorney-in-Fact for EDWARD D. SHIRLEY

03/02/2011

**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) Restricted Stock Units awarded pursuant to Issuer's 2009 Stock and Incentive Compensation Plan.
- (2) Employee stock option granted under Issuer's 2009 Stock and Incentive Compensation Plan.

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.

Reporting Owners 2