Edgar Filing: PROCTER & GAMBLE CO - Form 4

PROCTER	& GAMBLE CO											
Form 4	10 2007											
September									OMB	APPROVAL		
FORM	A 4 UNITED	STATES					NGE (COMMISSION		3235-0287		
Check this box			Wa	ashington	n, D.C. 20)549		Number:				
if no lor	ager	MENT O	F CHAI	NCES IN	RENE	NERSHIPOE	Expires:	January 31, 2005				
subject to STATENT Section 16. Form 4 or			ENT OF CHANGES IN BENEFICIAL OWNE SECURITIES						Estimated burden ho response.	•		
Form 5 obligati- may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the	Public U		lding Cor	npan	y Act of	e Act of 1934, f 1935 or Sectio 40				
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> ARNOLD SUSAN E			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
		AC 111 \	PROCTER & GAMBLE CO [PG]					(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner				
ONE PROCTER AND GAMBLE PLAZA			09/14/2007					Diffect (give title Other (specify below) below) President-GBUs				
CINCINN	(Street) ATI, OH 45202			nendment, D onth/Day/Yea	-	ıl		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N	One Reporting	Person		
(City)	(State)	(Zip)	Tal	hle I - Non-	Derivative	Secu	rities Aco	Person uired, Disposed of	f or Benefici	ally Owned		
1.Title of Security (Instr. 3)	1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date,			3. Transactic Code	4. Securiti on(A) or Dis (Instr. 3, 4	ies Ac sposed	quired of (D)	5. Amount of Securities Beneficially Owned Following	6. 7. Ownership Int Form: Be Direct (D) Ow or Indirect (Int	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)			
Common Stock	09/14/2007			A	10,267 (1)	A	\$ 67.81	99,197.552	D			
Common Stock	09/15/2007			F	901 <u>(2)</u>	D	\$ 67.4	98,296.552	D			
Common Stock								10	Ι	by Daughter		
Common Stock								10	I	by Son		
Common Stock								23,260.0104	Ι	Retirement Plan Trustees		

Trustees

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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	Transact	orNumber	Expiration Da	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)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	5		(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 Date	•		Number		
								of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ARNOLD SUSAN E ONE PROCTER AND GAMBLE PLAZA CINCINNATI, OH 45202			President-GBUs				
Signatures							
Jason P. Muncy as Attorney-in-Fact for SUS ARNOLD	SAN E.		09/18/2007				
**Signature of Reporting Person			Date				
Explanation of Poopone	<u>\</u>						

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 2001 Stock and Incentive Compensation Plan.
- (2) Shares withheld to cover taxes upon the vesting of RSUs granted on 9/16/04.
- (3) Balance as of 3/31/2007.

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.