FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	. OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Norberg Elizabeth				2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER, INC. [FL]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Norber	<u>g Elizabe</u>	<u>:m</u>			1-											Directo	r		10% O	vner	
-					-												(give title		Other (specify	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)									pelow) pelow)						
C/O FOOT LOCKER, INC.				03	03/27/2019										SVP & Chief HR Officer						
	ST 34TH S																				
330 WE	51 341H S	IREEI				lf Ame	andment	Date	of C	riginal E	ilad	(Month/Da	v/Voar)		6 In	dividual or 3	loint/Groun	Filing	(Check An	nlicable	
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(Street)	ODIZ N	37	10001												2	√ Form f	led by One	Repo	orting Perso	n	
NEW Y	ORK, N	ĭ	10001													Form f	led by Mor	e than	One Repo	rting	
					_											Persor	l				
(City)	(S	tate)	(Zip)																		
		Tab	ole I - Nor	n-Deri	vativ	e Se	curitie	s A	cqu	ired, C	Disp	osed o	f, or E	ene	eficiall	y Owned					
Date				nsaction								5. Amount of 6. Ow			7. Nature						
					h/Day/Y	ear)	Execution Date, if any		е,	Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4			3, 4 and	Securitie Benefici			rm: Direct or Indirect	of Indirect Beneficial	
(WORLD					ii Dayi i	Cai,	(Month/Day/Year)		ar)			3)				Owned F	ollowing		(I) (Instr. 4)	Ownership (Instr. 4)	
										0-4-			(A) or		Duite -		Reported Transaction(s)				
								Code	٧	Amount	(A) or (D)		Price		(Instr. 3 and 4)						
Common Stock 03/2'				27/201	19 A ⁽¹⁾ 1,909 A		\$0	6,599			D										
		-	Table II -	Deriv	ative	Sec	urities	Δα	nuir	ed Di	snc	sed of	or Be	nef	icially	Owned					
												onvertil				O I I I I I					
1. Title of	2.	3. Transaction					5. Number		6. E	Date Exercisab		ole and	7. Title and			8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	·	Transaction Code (Instr 8)		saction of Derivative Securities		Expiration Date (Month/Day/Year						Derivative Security	derivative Securities		Ownership	of Indirect Beneficial		
(Instr. 3)	Price of	(MOIIII/Day/ real)	(Month/Day									'	Underlying		(Instr. 5)	Beneficially		Direct (D)	Ownership		
	Derivative Security						Acquired (A) or					Derivative Se				Owned Following	.	or Indirect (I) (Instr. 4)			
Security						Disposed		(1130. 3 and 4)					7)		Reported		(1) (111341. 4)				
							of (D) (Instr. 3, 4										Transacti (Instr. 4)	on(s)	(s)		
							and 5)										(
														7	Amount						
															or Number						
						l	l	l	Dat			xpiration			of						
					Code	٧	(A)	(D)	Exe	ercisable	Ų₽	ate	Title	15	Shares						
Employee																					
Stock Option	\$58.94	03/27/2019			A		6,547		03/3	27/2020 ⁽²	0 0	3/27/2029	Commo		6,547	\$0	6,547	,	D		
(right to													Stock								

Explanation of Responses:

1. Resticted Stock Unit award under the Foot Locker 2007 Stock Incentive Plan, as amended and restated, which will vest on March 27, 2022, subject to the reporting person's continued employment through the vesting date.

2. Option becomes exercisable in three equal annual installments, beginning March 27, 2020, which is the first anniversary of the date of grant.

Remarks:

Anthony D. Foti, Attorney-in-03/29/2019 Fact for Elizabeth Norberg

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.