FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | |
|--------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |

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Estimated average burden hours per response:

| Officers this box if the longer subject to |
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| 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 | | | | | | | | | | |
|---|---|--|---|--|--|--|--------------|-----|---|--|--|-----------------|--|---|---|--|---|--|--|--|--|
| 1. Name and Address of Reporting Person* DIPAOLO NICHOLAS P | | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER INC [FL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| DIFAU | LO IVICI | IULAS F | | | | | | | | | - | | | X | Directo | r | | 10% O | vner | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2007 | | | | | | | | | Officer below) | (give title | | Other (s | specify | | |
| C/O FOO | OT LOCKE | R, INC. | | | 02/ | 03/2 | 007 | | | | | | | | | | | | | | |
| 112 WEST 34TH STREET | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form f | iled hy One | Ren | orting Perso | ın | | |
| NEW YO | ORK N | Y | 10120 | | _ | | | | | | | | | 21 | | iled by Mor | • | n One Repo | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | | le I - Noi | | | _ | | | quired, I | Disp | | | | _ | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution | | | Code (II | Fransaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | | d | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | - 1 | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| | | 7 | | | | | | | uired, Di s, option: | | | | | y Ov | wned | | | | | | |
| 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. Transaction Code (Instr 8) | | 5. Number of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amoun Securit Underly Derivat | | Title and mount of ecurities inderlying errivative Security nstr. 3 and 4) | | Price of rivative curity str. 5) | 9. Number derivative Securities Securities General Owned Following Reported Transactio (Instr. 4) | i C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | | | |
| Stock option (right to buy) | \$22.635 | 02/05/2007 | | | A ⁽¹⁾ | | 2,208 | | 02/05/2008 | 02 | 2/05/2017 | Common Stock | 2,208 | | \$0 | 2,208 | | D | | | |

Explanation of Responses:

1. Annual stock option grant under the Foot Locker 2002 Directors Stock Plan.

Remarks:

Sheilagh M. Clarke, Attorneyin-Fact for Nicholas DiPaolo

02/06/2007

** 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.