FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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* Maurer John A (Last) (First) (Middle) FOOT LOCKER, INC. 330 WEST 34TH STREET | | | | | 3. D | Issuer Name and Ticker or Trading Symbol FOOT LOCKER, INC. [FL] Date of Earliest Transaction (Month/Day/Year) 03/26/2017 | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) VP, Treasurer & Inv. Relations | | | |
|--|---|--|---|----------|-----------------|--|------------------|--|--------|--------|---|---------------------|----------------|--|---|--|---------------------------------------|------------|
| (Street) NEW YORK, NY 10001 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or I | 3enet | icially | Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securitie | | | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | |
| | | | | | | | | | Code | v | Amount | (A) (| or Pr | ce | Trans | action(s) 3 and 4) | | (111341.4) |
| Common Stock 03/26/20 | | | | 2017 | 017 | | F ⁽¹⁾ | | 627 | D | \$ | 72.59 ⁽² | 37 | ,197(3)(4) | D | | | |
| Common Stock | | | | | | | | | | | | | | 2,3 | 354.899 | I | 401(k) Plan | |
| 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. Dee Executii if any (Month/I | | Code (I | saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | De Se (In | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Shares withheld in payment of tax liability in connection with the vesting of previously reported award of 1,710 restricted stock units, which vested on March 26, 2017.
- 2. Price is equal to the closing price of a share of the Company's stock on March 24, 2017.
- 3. Includes 1,083 net shares received on vesting of award on March 26, 2017.
- 4. Includes 393 shares acquired on June 1, 2016 through the Employee Stock Purchase Plan.

Remarks:

Anthony D. Foti, Attorney-in-Fact for John A. Maurer 03/28/2017

** 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.