FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Walker Tristan | | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER, INC. [FL] | | | | | | | | | all app | ship of Reporting applicable) irector | | 10% O | wner | |
|--|---|--|---------------------------------|--------------------------------------|---------|--|--------|---|-------------------------------------|--|--------------------|---|--|--|--------------------------------------|--|---|--|--|--|
| | (Fi OT LOCKE ST 34TH S | CR, INC. | Middle) | | 01/2 | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2022 | | | | | | | | Officer (give title below) | | | | Other (specify below) | | |
| (Street) NEW Y(| | | 0001 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (0.5) | | | | n-Deriva | tive S | Secui | rities | . Acn | uired | Dis | posed of | or Be | nefici | ially | Own | ed ed | | | | |
| <u> </u> | | | 2. Transac Date (Month/Da | action 2A. Exe Day/Year) if an | | A. Deemed recution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | o) or 5. Amo 4 and Securi Benefi | | unt of ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | | action(s) 3 and 4) | | | (Instr. 4) | | |
| Phantom | antom Stock Units 01/28/2 | | | | | 022 | | | A ⁽¹⁾ | | 8.2977 | A | \$44 | .43 | 1,237.1884 | | | D | | |
| Common Stock | | | | | | | | | | | | | 1,136 | | D | | | | | |
| Common Stock | | | | | | | | | | | | | | | 4,829 | | D | | | |
| 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) | if any | emed ion Date, //Day/Year) | | ransaction of ode (Instr. Derivative | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | 1 | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Phantom Stock Units were made in payment of the quarterly cash dividend. They were accrued under the Foot Locker 2007 Stock Incentive Plan, as amended and restated, and are to be settled only in stock following the reporting person's termination of service as a director.

> Anthony D. Foti, Attorney-in-01/31/2022 Fact for Tristan Walker

** 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.