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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| 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* FELDMAN ALAN D | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER INC [FL] | | | | | | | | | | p of Reportin blicable) ctor | • () | o Issuer % Owner | |
|--|---|--|--|----------------|---|-----|--------|------------------|---|--------|--------------------|---|---|---|--|---|---|---------------------------------------|
| C/O FOOT LOCKER, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015 | | | | | | | | | Offic belov | er (give title w) | | Other (specify below) | |
| 112 WEST 34TH STREET | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YO | ORK, N | Y : | 10120 | | | | | | | | | | | X | | rm filed by One Reporting Person rm filed by More than One Report rson | | |
| (City) | (5 | State) (| (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benef | ficially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date, | | | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | | Securi Benef | icially d Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect | | | |
| | | | | | | | | | Code | v | Amount (A) | | r Pr | ice | Transa | action(s) 3 and 4) | | (1130.4) |
| Common Stock 07/01/20 | | | | | 2015 | 015 | | A ⁽¹⁾ | | 1,156 | A | \$ | 67.01 ⁽²⁾ | 5 | 53,257 | | | |
| Phantom Stock Units | | | | | | | | | | | | | | 26,0 | 005.3449 | 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. Conversior or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/I | on Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercis Expiration Date (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Dei Sed (Ins | Price of ivative curity etr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | per | | | | |

Explanation of Responses:

- 1. Stock distribution made in payment of the stock portion of the reporting person's 2015 annual retainer fee.
- 2. Value of consideration is equal to the closing price of a share of the Company's stock on June 30, 2015.

Remarks:

Sheilagh M. Clarke, Attorneyin-Fact for Alan D. Feldman

07/06/2015

** 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.