FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 205

| wasnington, D.C. 20549 | OMB APPROVAL | | | |
|----------------------------------------------|--------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |

OMB Number: Estimated average burden hours per response: 0.5

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* BERK JEFFREY L | | | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER INC [FL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|----------------------------------------------------------|-----------------------------------------------------------------------|--------|-------|---------------------------------------------|--------------|----------------------------------------------------------|---------------------------------------------------------------------------|---------|-------|------------------|-----------------------------------------|----------------------|---------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|--|
| DEKK | <u>JEFFKI</u> | LIL | | | | 1 | | | | | | • | | | | | Direc | ctor | 10% | Owner | |
| (Last) (First) (Middle) | | | | | 3 D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | Officer (give title below) | | Othe belo | r (specify w) | | |
| (Last) (First) (Middle) FOOT LOCKER, INC. | | | | | | | 04/16/2006 | | | | | | | | | Senior Vice President | | | | | |
| 112 WES | ST 34TH | STREE | ET | | | <u> </u> | | | | | | | | | | | | | | | |
| (0) | | | | | . 4. lf | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YO | ORK. 1 | VY | 1 | 0120 | | | | | | | | | | | | X | rson | | | | |
| | | | | | | | | | | | | | Form filed by More Person | | | | | | re than One Re | eporting | |
| (City) | (| State) | (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | | Table | e I - Noi | n-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, oı | r Ben | efici | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | and Secu Bend Own | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (IIISU. 4) | | |
| Common | Stock | | | | 04/16 | 5/2006 | | | | F | | 11,041 | 1 | D | \$22 | .99 | 2 | 22,451 D | | | |
| | | | Та | | | | | | | | | osed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | n Date | | 3A. Deen Execution if any (Month/D | Date, | | ransaction Code (Instr. | | of | | exercis on Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number or 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) | | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ires | | | | | | |

Explanation of Responses:

Remarks:

Sheilagh M. Clarke, Attorney-04/17/2006 in-Fact for Jeffrey L. Berk

** 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.