FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | |

87 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* KATZ MARC D | | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER INC [FL] | | | | | | | | | all applic Directo | • | | on(s) to Issu 10% Ow Other (s | ner |
|---|---|------------|------------------------|---------------------------|---|---|--------|---|------------------------------------|--|-----------------------------------|-----------------|-------------------------------------|--------------|---|---|-----------------------------------|--|--|
| | (F OCKER, II ST 34TH S | NC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2004 | | | | | | | | X | below) SVP, Chief Inform | | | below) | |
| (Street) NEW YORK NY 10120 | | | | | _ 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | | | _ | | | quire | l, Di | sposed o | | | ially | | | | | |
| Date | | | Date | ansaction th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | and 5) Securiti Benefic Owned | | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transact (Instr. 3 | tion(s) | | | Instr. 4) | | | | |
| Common Stock 03/11/. | | | | | /2004 | 004 | | | М | | 5,000 | A | \$11.3 | 3125 | 26 | ,889 | | D | |
| Common | ommon Stock 03/11/2 | | | | /2004 | .004 | | | F | | 1,889 | D | \$24 | 4.6 | 25 | 5,000 | | D | |
| Common Stock | | | | | | | | | | | | | 48 | | 9.997 | | | 401(k) Plan | |
| | | - | Γable II | | | | | | | | posed of, convertil | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | of | | 6. Date E Expiratio (Month/E | n Dat | | | of s ig e Securi | D S (I | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | O Fe ly D oi (l) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisa | ble | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Employee stock option (right to buy) | \$11.3125 | 03/11/2004 | | | M | | | 5,000 | 04/12/20 | 01 ⁽¹⁾ | 04/12/2010 | Common Stock | 5,00 | 00 | \$0 | 0 | | D | |

Explanation of Responses:

 $1. \ Option \ granted \ on \ 4/12/00 \ and \ became \ exercisable \ in \ three \ equal \ annual \ installments \ beginning \ 4/12/01.$

Remarks:

Sheilagh M. Clarke, Attorneyin-Fact for Marc D. Katz

03/15/2004

** 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.