FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* MCKENNA MATTHEW M | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER, INC. [FL] | | | | | | | | (Ch | eck all app | tionship of Reportii all applicable) Director | | rson(s) to Is | | |
|--|--|----------|---|-----------|--|---|--|--------------------------------------|--|--------------------|---|---|--|--|---|---|---|---|------------|
| | OT LOCKI | ER, INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2021 | | | | | | | | Office below | er (give title w) | | Other (specify below) | | |
| 330 WEST 34TH STREET | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | . Individual or Joint/Group Filing (Check Applicable ine) | | | | `` |
| (Street) NEW Y | ORK N | Y 1 | 0001 | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | า-Deriva | ative S | Secu | ritie | s Acq | uired, | Dis | osed of | , or E | Bene | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution | | cution ny | n Date, | 3. Transaction Code (Instr. 5) | | | | | Benefic | ies cially Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | Transaction(s) Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 05/19/2 | | | | | | 2021 | | | A ⁽¹⁾ | | 1,136 | A | 1 | \$ <mark>0</mark> | 1 | 1,136 | | D | |
| Common Stock | | | | | | | | | | | | | 20 | 20,955(2) | | 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | of Der Sec Acc (A) Dis of (I | ivative curities quired or posed D) str. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: y Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | | | Date Exercisa | able | Expiration Date | Amou or Numb of Title Share | | nber | | | | | | |

Explanation of Responses:

- 1. Award of restricted stock units under the Foot Locker 2007 Stock Incentive Plan, as amended and restated.
- $2. \ Includes \ 2,472 \ shares \ received \ on \ vesting \ of \ previously \ reported \ restricted \ stock \ units, \ which \ vested \ on \ May \ 18, 2021.$

Anthony D. Foti, Attorney-in-

Fact for Matthew M. 05/20/2021

McKenna

** 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.