FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
| | |

| OMB APPRO | DVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
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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 | | | | | | FOOT LOCKER INC [FL] | | | | | | | | | ck all app | olicable) ctor | g Person(s) to Issuer 10% Owner | | | | |
|--|-----|--------|----------|----------|---|---|--------|---|------------------|-------|---|---|-----------------------------------|---|---|---|--|--|---|--|--|
| (Last) (First) (Middle) MIDAS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2012 | | | | | | | | | | Officer (give title below) | | ther (specify elow) | | | | |
| 1300 ARLINGTON HEIGHTS ROAD | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) ITASCA IL 60143 | | | | | - | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | on-Deriv | <i>r</i> ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benef | icially | / Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execu (Year) if any | | Deemed cution Date, y oth/Day/Year) | | | | . Securities Acquired (A) or isposed Of (D) (Instr. 3, 4 a | | | Secur Benef | icially d Following | 6. Ownersl Form: Dire (D) or Indir (I) (Instr. 4) | ct of Indire ect Benefici | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | Code | v | Amount | (A) (D) | (A) or (D) Price | | Trans | Transaction(s) (Instr. 3 and 4) | | (11150.4) | , | | | | | | |
| Phantom Stock Units 04/02/20 | | | | | 2012 |)12 | | | A ⁽¹⁾ | | 542.2558 | 3 A | \$3 | 1.12 ⁽² | 16,0 | 16,059.7201 | | | | | |
| Common Stock | | | | | | | | | | | | | | | 45,662 | | | | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owned | | | | | | |
| Derivative Security Conversion or Exercise (Month/Day/Year) Exec | | if any | | | ection Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr.) and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | ship of Indire Benefici D) Owners ect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | | | |

Explanation of Responses:

- 1. Phantom stock units were accrued under the 2007 Foot Locker Stock Incentive Plan, as amended and restated, and represent the reporting person's quarterly cash retainer fee that was deferred under the Plan for 2012. The phantom stock units are to be settled only in stock following the reporting person's termination of service as a director.
- $2.\ Price\ is\ equal\ to\ the\ Closing\ price\ of\ a\ share\ of\ the\ Company's\ common\ stock\ on\ April\ 2,\ 2012.$

Remarks:

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

04/02/2012

** 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.