FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

hours per response:

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] | | | | | | | | elationship c eck all applic Directo | able) r | g Pers | 10% Ov | vner | | |
|--|---|--|---|-----------------|--|---|--|------|--|------------------|---|-------------------------------------|---|--|--|--|---|---------|--|
| (Last) FOOT L | (F OCKER, IN | (First) (Middle) KER, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2007 | | | | | | | below) | give title enior Vice Pre | | Other (s below) esident | specify | |
| 112 WEST 34TH STREET | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YORK, NY 10120 | | | | | 4. Il Amendinent, Date of Original Fliet (World#Day/Teal) | | | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | . 0.00 | | | | | |
| | | Tal | ble I - Nor | ո-Deri | ivativ | e Se | curitie | s Ac | quired | Dis | posed o | f, or Be | neficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | e, Transaction Disposed Code (Instr. | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5 | | Beneficia Owned F | s For ally (D) ollowing (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) ((D) | r Price | | eported ansaction(s) nstr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 03/28/ | | | | 28/200 | /2007 | | A | | 40,000 | (1) A | \$0 | 62 | 62,451 | | D | | | | |
| | | | Table II - | | | | | | | | osed of, convertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee stock option (right to buy) | \$23.42 | 03/28/2007 | | | A | | 20,000 | | 03/28/200 | 8 ⁽²⁾ | 03/28/2017 | Common Stock | 20,000 | \$0 | 20,00 | 0 | D | | |

Explanation of Responses:

- 1. Restricted stock award under the 1998 Stock Option and Award Plan.
- 2. Option becomes exercisable in three equal annual installments, beginning March 28, 2008, which is the first anniversary of the date of grant.

Remarks:

Sheilagh M. Clarke, Attorney-03/30/2007 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.