FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | IVAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burd | en | | | | | |
| l | hours per response: | 0.5 | | | | | |

Ī

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* YOUNG DONA D | | | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER, INC. [FL] | | | | | | | | | k all app | ionship of Reportin all applicable) Director | | on(s) to Is | |
|--|---|--|------------------------------|---------|--|--|---|--------|---|--|---------|----------|------------------------------------|---|-------------------------------|--|---|--|---|----------|
| | O FOOT LOCKER, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2018 | | | | | | | | | Offic below | er (give title w) | | Other (specification) | |
| 330 WEST 34TH STREET (Street) NEW YORK, NY 10001 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indi Line) X | Forn | or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son | | | |
| (City) | (S | | (Zip) | n Dorin | otivo | | witi | | | Die | | - | | mofic | نداله: | 0 | - d | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | tion 2A. Deemed Execution Date, | | | 3. Transa Code (| 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | or 5. Ai 1 and 5) Secu Bend | | ount of ties cially I 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) Pr | | Pric | е | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) | | | |
| Phantom Stock Units 08/03/2 | | | | | | | 2018 | | A ⁽¹⁾ | | 463.514 | | A | \$4 | 7.16 | 63,823.8679 | | | D | |
| Common Stock | | | | | | | | | | | | | | _ | | 4 | 2,527 | | I | By Trust |
| Common Stock | | | | | | | | | | | | | | | | | 1,555 | | 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) | Conversion or Exercise (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) | | 4. Transa Code (8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or (I) | vnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Phantom Stock Units were accrued under the Foot Locker 2007 Stock Incentive Plan, as amended and restated, and are to be settled only in stock following the reporting person's termination of service as a director.

Remarks:

Anthony D. Foti, Attorney-in-Fact for Dona D. Young

08/06/2018

** 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.