FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

11. Nature

of Indirect

Beneficial

Ownership

Ownership

Direct (D)

or Indirect (I) (Instr. 4)

Form:

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Filed pursuant to Section 16(a) of the Securities Eychange Act of 1934

| mstruction 1(b). | | | Filea p | | tion 30(h) of the Inv | | | | | 54 | <u> </u> | | | | |
|--|---------|---------------|-----------|--|---|---|--------|------------|---------------|---|---|---|---|--|--|
| Name and Address of Reporting Person* PRESTON JAMES E | | | | | er Name and Ticker | | | | (Chec | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O FOOT LOCKER, INC. | | | | | of Earliest Transac 2007 | ction (M | onth/D | Day/Year) | _ X | Director Officer (give title below) | | (specify | | | |
| 112 WEST 34TH STREET | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| Street) | | | | | | | | | | X | Form filed by On | e Reporting Pers | son | | |
| NEW YORK | NY | 10120 | | | | | | | | | Form filed by Mo Person | re than One Rep | orting | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - Nor | n-Derivat | tive S | ecurities Acqu | ıired, | Disp | osed of, o | r Ben | eficially | Owned | | | | |
| L. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Expiration Date

(Month/Day/Year)

6. Date Exercisable and

7. Title and

Amount of

Securities Underlying

Derivative Security (Instr. 3 and 4)

8. Price of Derivative

Security

(Instr. 5)

9. Number of

derivative

Securities

Owned Following

Beneficially

5. Number

Derivative

Securities

Acquired (A) or

Transaction Code (Instr. 8)

| | | | | | Disposed of (D) (Instr. 3, 4 and 5) | | | | | | | Reported Transaction(s) (Instr. 4) | | |
|--------------------------------------|----------|------------|------------------|---|--|-----|---------------------|--------------------|-----------------|--|-----|--|---|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock option (right to buy) | \$22.635 | 02/05/2007 | A ⁽¹⁾ | | 2,208 | | 02/05/2008 | 02/05/2017 | Common Stock | 2,208 | \$0 | 2,208 | D | |

Explanation of Responses:

1. Annual stock option grant under the Foot Locker 2002 Directors Stock Plan.

3. Transaction

(Month/Day/Year)

Remarks:

1. Title of Derivative

Security (Instr. 3)

Conversion

or Exercise Price of

Security

Sheilagh M. Clarke, Attorneyin-Fact for James E. Preston

02/06/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

3A. Deemed

Execution Date

(Month/Day/Year)

- * 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.