FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Ington, D.C. 20549 | OMB APPE | OMB APPROVAL | | | | | |
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| hours per response: | 0.5 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>TURPIN CHERYL N</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER INC [FL] | | | | | | | | | Check al | ationship of Reporting all applicable) Director | | 10% O | | wner |
|---|--|--|--------------------------------|---------|---|--|--|---|------------------|---------|--|-------|--------------------------------|---|---|--|--|--|--|------------|
| | (Fii | R, INC. | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/27/2006 Officer (give title below) below) Other (specify below) | | | | | | | | | | | | | | | |
| 112 WEST 34TH STREET | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applic Line) | | | | ·· | |
| (Street) NEW YC | ORK N | Y 1 | 0120 | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | , Dis | posed o | f, or | Bene | ficia | ally O | νne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | | and 5) Sec Ben Owi | | Amount of ecurities eneficially wned Following | | ership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) | or I | Price | Ti | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Phantom Stock Units 10/27/2 | | | | | | 006 | | A ⁽¹⁾ | | 22.6408 | 3 . | A S | \$23.835 | | 5 6,018.6736 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 5,964 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, Transaction of | | | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Insand 4) | | | | | tr. 3 | 8. Price Derivat Securit (Instr. 5 | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | nership m: ect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. The phantom stock units were accrued under the Foot Locker 2002 Directors Stock Plan and are to be settled in stock only upon the reporting person's termination of service as a director.

Remarks:

Sheilagh M. Clarke, Attorneyin-Fact for Cheryl Nido Turpin

10/30/2006

** 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.