FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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).

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] | | | | | | | | | | olicable) | g Person(s) to 10% | Issuer Owner |
|--|---|---------|----------------|--------------------|-------|---|--|--|---|--------------|---|---|------------------------|---|---|--|---------------------------------------|------------------|
| | (Fi OT LOCKE | R, INC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2018 | | | | | | | | | Officer (give title below) | | Othe below | r (specify v) |
| (Street) NEW YC | ORK, N | Y | 10001 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv Line) X | Forn | or Joint/Group Filing (Check Applicable in filed by One Reporting Person in filed by More than One Reporting son | | | |
| | | Tab | le I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed o | f, or B | enefi | cially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and ! | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) o (D) | Pric | е | Trans | action(s) 3 and 4) | | (11150.4) | | |
| Common Stock 07/01/20 | | | | 2018 |)18 | | A ⁽¹⁾ | | 1,329 | A | \$52 | 2.65(2) | 4 | 7,941 | D | | | |
| Common Stock | | | | | | | | | | | | | | | 1,555 | D | | |
| Phantom Stock Units | | | | | | | | | | | | | | 44,3 | 887.4312 | 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) | ivative or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) | | | Transac Code (I | nstr. | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5 | rities lired r osed) r. 3, 4 | 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 | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- $1. \ Stock \ distribution \ made \ in \ payment \ of \ the \ stock \ portion \ of \ the \ reporting \ person's \ 2018 \ annual \ retainer \ fee.$
- 2. Value of consideration is equal to the closing price of a share of the Company's common stock on June 29, 2018.

Remarks:

Anthony D. Foti, Attorney-in-07/03/2018 Fact for Cheryl Nido Turpin

Date

** Signature of Reporting Person

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.