Keith R. Al Form 4 August 06,											
FORM	ЛЛ								-	APPROVAL	
	RITIES ashingtoi			OMB Number:	3235-0287						
Check this box if no longer					IDENIEI	FICI			Expires:	January 31, 2005	
subject Section Form 4	16.	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							burden h	d average ours per	
Form 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.5See Instruction30(h) of the Investment Company Act of 19401940											
(Print or Type	Responses)										
Keith R. Alexandra Symbo				Issuer Name <b>and</b> Ticker or Trading bol DCTER & GAMBLE Co [PG]				5. Relationship of Reporting Person(s) to Issuer			
				of Earliest			[[0]	(Check all applicable)			
ONE PROCTER & GAMBLE 08/06/2 PLAZA				nth/Day/Year) 6/2018				Director 10% Owner X Officer (give title Other (specify below) below) President Global Hair & Beauty			
			mendment, Date Original Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
	ATI, OH 45202							Person	viore than one	Kepotting	
(City)	(State)	(Zip)	Tab	ole I - Non	-Derivativ	e Secu	irities Ac	quired, Disposed o	f, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8) (A)				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	08/06/2018			М	38	A	\$ 81.41	42,543.397	D		
Common Stock	08/06/2018			F	38 (1)	D	\$ 81.41	42,505.397	D		
Common Stock	08/06/2018			F	2 (1)	D	\$ 81.41	8,756.462	I	By Spouse	
Common Stock								13,707.0291	I	By Retirement Plan Trustee	
								4,166.5924	Ι		

Common Stock								By		
Reminder: Re	port on a sepa	rate line for each class	s of securities benefic	Persons informat required	who resp tion conta I to respor a current	indirectly. oond to the o ined in this nd unless th ly valid OM	form are no		474 -02)	
			tive Securities Acqui Its, calls, warrants, c				wned			
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date Conversion (Month/Day/Year) or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. TransactionNumber Code of (Instr. 8) Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5		6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price o Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock	(2)	08/06/2018		М	38	(3)	(3)	Common	38	\$ 0

Μ

(3)

38

(3)

## **Reporting Owners**

<u>(2)</u>

08/06/2018

Stock

Units

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Keith R. Alexandra ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202			President Global Hair & Beauty					
Signatures								
/s/ Robert B. White, attorney-in-fact for R. Keith	Alexandra	08/06/20	18					
**Signature of Reporting Person		Date						

\$0

38

Stock

## **Explanation of Responses:**

- \* 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).
- (1) Shares withheld to cover taxes on previous Restricted Stock Unit grant.
- (2) Retirement award in the form of Restricted Stock Units which represent a contingent right to receive P&G common stock or cash settlement. Amount and price computed per benefit formula for plan year ended 6/30/2018.
- (3) These units will deliver in shares on retirement from the company, unless delivery is deferred or such shares are contributed to reporting person's deferred compensation account.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.