## Edgar Filing: CONAGRA FOODS INC /DE/ - Form 4

| CONAGRA<br>Form 4<br>October 05, 2                                       | FOODS INC /<br>2015                | DE/                 |                                      |   |   |        |   |  |  |          |  |
|--|------------------------------------|---------------------|--------------------------------------|---|---|--------|---|--|--|----------|--|
|  |                                    |                     |                                      |   |   |        |   |  | -  | PROVAL   |  |
|  |                                    |                     |                                      |   | ES AND EXCHANGE COMMISSION gton, D.C. 20549 |        |   | OMB<br>Number:   | 3235-0287  |          |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |                                    |                     |                                      | ANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES    |   |        |   |  | Expires: January 31<br>2005<br>Estimated average<br>burden hours per<br>response 0.5 |          |  |
| Form 5<br>obligation<br>may cont<br>See Instru<br>1(b).                  | Filed p<br><sup>18</sup> Section 1 | 7(a) of the         |                                      | tility Hol  | ding Con                                    | npan   | y Act of  | e Act of 1934,<br>E 1935 or Section<br>O   | ·  | 0.5      |  |
| (Print or Type F   | Responses)                         |                     |                                      |   |   |        |   |  |  |          |  |
| MCLEVISH TIMOTHY R Symbol  |                                    |                     | er Name <b>and</b> Ticker or Trading |   |   |        | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)   |  |  |          |  |
|  |                                    |                     |                                      | e of Earliest Transaction<br>n/Day/Year)<br>/2015 |   |        | X Director<br>Officer (give<br>below)   | ctor 10% Owner<br>er (give title Other (specify<br>below)  |  |          |  |
| Filed(Mont   |                                    |                     |                                      | nendment, Date Original<br>onth/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> |  |  |          |  |
| OMAHA, N   | E 68102                            |                     |                                      |   |   |        |   | Person   |  | porting  |  |
| (City)   | (State)                            | (Zip)               | Tabl                                 | e I - Non-I                                       | Derivative                                  | Secur  | ities Acq   | uired, Disposed of   | , or Beneficial  | ly Owned |  |
| 1.Title of<br>Security<br>(Instr. 3)                                     | 2. Transaction D<br>(Month/Day/Yea | ar) Executio<br>any |                                      | Code<br>(Instr. 8)                                | 4. Securi<br>on(A) or D<br>(Instr. 3,       | ispose | d of (D)  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)                 |          |  |
| Common<br>Stock  | 10/01/2015                         |                     |                                      | A   | 832 <u>(1)</u>                              |        | \$<br>40.51   | 832  | D  |          |  |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>onNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | int of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
|   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

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## **Reporting Owners**

| <b>Reporting Owner Name / Address</b>   | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
|   | Director      | 10% Owner | Officer | Other |  |  |  |
| MCLEVISH TIMOTHY R<br>C/O CONAGRA FOODS, INC.<br>ONE CONAGRA DRIVE<br>OMAHA, NE 68102 | Х             |           |         |       |  |  |  |
| Signatures  |               |           |         |       |  |  |  |
| /s/ Lyn Rhoten,<br>attorney-in-fact   | 10/05         | /2015     |         |       |  |  |  |
| **Signature of Reporting Person   | Da            | te        |         |       |  |  |  |

## **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).
- Represents the right to receive 832 shares based on the Reporting Person's deferral of director's fees into the stock account under the (1) Issuer's Directors' Deferred Compensation Plan. Shares will be issued based on the Reporting Person's deferral election, and the Reporting Person may not transfer deferred amounts out of the stock 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.