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(Check all appli irector	icable) 10% Owner Other (specify w) D Reporting e line) ting Person One Reporting ficially Owned 7. Nature of Ship Indirect Beneficial (D) Ownership			
(Check all appli irector ficer (give title below idual or Joint/Group (check applicable n Filed by One Report h Filed by More than C	icable) 10% Owner Other (specify w) o Reporting e line) ting Person One Reporting			
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(Check all appli irector ficer (give title	icable) _ 10% Owner _ Other (specify w) • Reporting			
(Check all appli irector ficer (give title below	icable) _ 10% Owner _ Other (specify v)			
(Check all appli irector ficer (give title	icable) _ 10% Owner _ Other (specify			
	5. Relationship of Reporting Person(s) to Issuer			
f 1934, r Section				
L Estima	ted average hours per			
NUMDE	January 3			
	3235-036			
	1B APPROVAL			
	L Estima trespon 1934,			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Amount of	Derivative	of

1

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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Underlying Securities (Instr. 3 and 4)		Security (Instr. 5)	D Se D Ei Is Fi (Ii	
_				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CARSON BENJAMIN SR PO BOX 3599 BATTLE CREEK, MI 49016-3599		Â	Â	Â		
Signatures						
James K. Markey, Attorney-in-Fact	02/13/20	06				
**Signature of Reporting Person	Date					

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 acquired under the Company's Dividend Reinvestment Plan in 2005.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.