Edgar Filing: OFFICE DEPOT INC - Form 4

OFFICE DE	POT INC										
Form 4											
May 18, 200)6										
FORM	14								OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB	3235-0287	
Check th	uis box		Was	shington,	D.C. 20	549			Number:		
if no longer					DENIERI	CIA			Expires:	January 31, 2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O						NEKSHIP OF	Estimated average				
Form 4 c	Section 16. SECURITIES							burden hours per			
Form 5		suant to 9	Section 1	6(a) of the	e Securit	ies Fr	xchange	e Act of 1934,	response	0.5	
obligatio	ons Section 17(-	1935 or Sectior	ı		
may con See Instr	unue.			vestment	•	· ·			•		
1(b).	uction	()									
(Print or Type]	Responses)										
1 Nome and	Advance of Departing	Domoon *						5 Deletionship of	Domonting Domo	an(a) to	
MYERS M	Address of Reporting			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			Symbol	E DEPOT		וסר					
<u> </u>					-	л]		(Check	k all applicable)	
				3. Date of Earliest Transaction				X Director 10% Owner			
			(Month/L 05/17/2	nth/Day/Year) 7/2006				Officer (give title Other (specify			
115 HERR		, ,	03/1//2	000				below)	below)		
(Street)			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Year	.)			Applicable Line)			
DDINCETC	NI NI 00540							_X_ Form filed by O Form filed by M			
PRINCEIC	DN, NJ 08540							Person			
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deer	ned	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	1					Securities	Ownership	Indirect	
(Instr. 3) any			Code (Instr. 3, 4 and 5) $(I_{1} \leftarrow 0)$					Beneficially	Form: Direct		
		(Month/L	Day/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
						(A)		Reported	(Instr. 4)	(Inour I)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	05/17/2006			М	11,250	А	\$	49,311	D		
Stock	00/1//2000			111	11,200		16.83	19,011	D		
Common	05/17/2006			C	11.250	D	\$	29.061	D		
Stock	05/17/2006			S	11,250	D	43.62	38,061	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)

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).

Relationships

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.

Edgar Filing: OFFICE DEPOT INC - Form 4

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	4. 5. Number of FransactionDerivative		6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities	
Security	or Exercise	(Wonth Day Tear)	any	Code			(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)						
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option (Right to Buy)	\$ 16.83	05/17/2006		М	11	1,250	05/23/1997	05/23/2006	Common Stock	11,250

Reporting Owners

Reporting Owner Name / Address

Reporting Owner Mame / Autress				
	Director	10% Owner	Officer	Other
MYERS MICHAEL J 113 HERRONTOWN LANE PRINCETON, NJ 08540	Х			
Signatures				
By: Anne Zuckerman, Attorney-in-Fact for:		05/	18/2006	
**Signature of Reporting Person			Date	