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

| CONAGRA<br>Form 4<br>July 18, 2014   | FOODS INC /DI<br>4                      | Ε/                  |  |  |   |                 |                          |  |   |   |  |
|--|---|---------------------|--|--|---|-----------------|--------------------------|--|---|---|--|
| FORM 4<br>UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |   |                     |  |  |   |                 | OMB AF<br>OMB<br>Number: | PROVAL<br>3235-0287  |   |   |  |
| Form 4 or<br>Form 5 obligatio<br>may cont<br><i>See</i> Instru<br>1(b).              | 6.<br>r<br>Filed pur<br>ns<br>inue.     | suant to sa) of the | Section 1<br>Public U  | <b>SECUR</b><br>6(a) of th               | <b>ETTIES</b><br>e Securiti<br>ling Com     | ies Ez<br>īpany | xchange<br>Act of        | NERSHIP OF<br>e Act of 1934,<br>1935 or Sectior<br>0   | Expires:<br>Estimated a<br>burden hour<br>response                      | •   |  |
| (Print or Type I   | Responses)                              |                     |  |  |   |                 |                          |  |   |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Bolles Albert D.                 |   |                     | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>CONAGRA FOODS INC /DE/<br>[CAG] |  |   |                 |                          | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |   |   |  |
|  | (First) (1<br>GRA FOODS,<br>CONAGRA DRI | Middle)<br>[VE      | 3. Date of<br>(Month/E<br>07/16/2  | -  | ansaction                                   |                 |                          | Director<br>X_ Officer (give<br>below)<br>EVP & Chie   |   |   |  |
|  |   |                     |  | endment, Date Original<br>onth/Day/Year) |   |                 |                          | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |   |   |  |
| (City)   | (State)                                 | (Zip)               | Tabl   | e I - Non-D                              | erivative S                                 | Securi          | ties Acqu                | uired, Disposed of   | , or Beneficial   | y Owned   |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) | Execution<br>any    |  |  | 4. Securiti<br>or(A) or Dis<br>(Instr. 3, 4 | sposed          | of (D)                   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)   | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock  | 07/16/2014                              |                     |  | Code V<br>A                              | Amount<br>26,561<br>(1)                     | (D)<br>A        | Price<br>\$ 0            | 60,685   | D   |   |  |
| Common<br>Stock  | 07/16/2014                              |                     |  | F  | 12,123                                      | D               | \$<br>30.88              | 48,562   | 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.

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 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) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<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>Owne<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 |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                               |       |  |  |  |
|---|---------------|-----------|-------------------------------|-------|--|--|--|
|   | Director      | 10% Owner | Officer                       | Other |  |  |  |
| Bolles Albert D.<br>C/O CONAGRA FOODS, INC.<br>ONE CONAGRA DRIVE<br>OMAHA, NE 68102 |               |           | EVP & Chief Tech & Op Officer |       |  |  |  |
| Signatures  |               |           |                               |       |  |  |  |
| /s/ I un Dhoton   |               |           |                               |       |  |  |  |

| /s/ Lyn Rhoten,  | 07/18/2014 |
|------------------|------------|
| Attorney-in-fact | 0//10/2014 |
|                  |            |

\*\*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) The shares acquired were earned under the ConAgra Foods fiscal year 2012 to 2014 long term incentive plan and include dividend equivalents paid in additional shares of common stock on the earned amount.

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.