PROCTER & GAMBLE CO

Form 4

September 19, 2006

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

burden hours per response...

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

09/15/2006

Stock

Stock

Common

1. Name and Address of Reporting Person * LECKIE MARK M		Symbo		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		rko	CTER & GAMBLE CO [PG]				
(Last)	(First)	(Middle) 3. Dat	e of Earliest Transaction				
			h/Day/Year)	Director 10% Owner			
ONE PROCTER AND GAMBLE		MBLE 09/15	5/2006	X Officer (give title Other (specify below)			
PLAZA				Group President-Gillette GBU			
(Street)		4. If A	mendment, Date Original	6. Individual or Joint/Group Filing(Check			
		Filed(Filed(Month/Day/Year) Applicable Line)				
CINCINN	ATI, OH 45202			_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip) T	able I - Non-Derivative Securities Ac	quired, Disposed of, or Beneficially Owned			
1.Title of	2. Transaction Date	2A. Deemed	3. 4. Securities Acquired	5. Amount of 6. 7. Nature of			
Security (Month/Day/Year) Execution			Transaction(A) or Disposed of (D)	Securities Ownership Indirect			
(Instr. 3) any		•	Code (Instr. 3, 4 and 5)	Beneficially Form: Beneficial			
		(Month/Day/Year)	(Instr. 8)	Owned Direct (D) Ownership			
				Following or Indirect (Instr. 4)			
			(A)	Reported (I) Transaction(s) (Instr. 4)			
			or	(Instr. 3 and 4)			
			Code V Amount (D) Price	(man o and 1)			
Common	00/15/2006		, 7,252 _A \$	0 002 D			

(1)

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

Α

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.

SEC 1474

(9-02)

9,992

1,377.894

61.325

D

Ι

by Savings

Trust-401(k)

Plan

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable Da	Date	Title Number of			
				C + V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

LECKIE MARK M ONE PROCTER AND GAMBLE PLAZA CINCINNATI, OH 45202

Group President-Gillette GBU

Signatures

Susan S. Whaley as Attorney-in-Fact for MARK M. **LECKIE**

09/19/2006

**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 awarded pursuant to Issuer's 2001 Stock and Incentive Compensation Plan.

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.

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