FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	ES IN BENE	EFICIAL (WNERS	HIP

	OMB APPRO	OMB APPROVAL									
	OMB Number:	3235-0287									
	Estimated average burd	en									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* MCHUGH ROBERT W				2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER INC [FL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WCHUGH KUDEKI W													Directo			10% Ow	·	
-				,						(5				X Officer below)	(give title		Other (s below)	ресіту
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/26/2008								SVP & Chief Financial Officer				
FOOT L	OCKER, IN	VC.			103	1/20/2	000							0,1	or Office 1		011100	
112 WES	ST 34TH ST	ΓREET																
				. 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applicable					
(Street)													Line	•		_		
NEW YO	ORK, N	Y	10120											_	,		rting Person	
					.									Form fi Person		e than	One Report	ing
(City)	(5	tate)	(Zip)											1 01301				
(Oity)	(0	tato)	(2.6)															
		Tal	ole I - Nor	n-Deriv	v ativ	e Se	curitie	s Acc	quired,	Dis	posed o	f, or Bei	neficial	y Owned				
1. Title of	Security (Inst	tr. 3)		2. Trans	saction	action 2A. Deemed 3. 4. Securities Acquired (A						5. Amou						
		•		Date (Month/	Date (Month/Day/Year)		Execution Date,) if any		Transa Code (Disposed	Of (D) (Inst	r. 3, 4 and	5) Securitie Benefici		Form: Direct (D) or Indirect		Indirect Beneficial
				(- u,,		(Month/Day/Year)							Owned F	ollowing	(i) (in:	str. 4) (Ownership
									Code	v	Amount	(A) o	Price	Transact	Reported Transaction(s)		1	(Instr. 4)
									Code	Ľ	Amount	(D)	File	(Instr. 3	and 4)			
Common Stock 03/26				6/200	80			A		10,000	(1) A	\$0	144	1,675		D		
								1			<u> </u>						401(k)	
Common Stock												1,79	1,797.49			Plan		
																		Idii
			Table II -											Owned				
				(e.g., p	outs,	, call	s, warr	ants,	optior	ıs, c	onvertik	ole secu	rities)					
1. Title of 2. 3. Transaction 3A. Deemed 4.									8. Price of	9. Numbe		10.	11. Nature					
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Transaction Code (Instr.				Expiration Date (Month/Day/Year) of Securities Underlying Derivative Sec				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial			
(Instr. 3) Price of (Month/Day/Year)				/Year) 8)							Security	(Instr. 5)	Beneficially Owned		Direct (D) Owne	Ownership (Instr. 4)		
Security			(A) or			(Instr. 3 and 4)			iu 4)		Following	,	(i) (instr. 4)	(111501.4)				
						Disposed of (D) (Instr. 3, 4 and 5)							Reported Transaction(s)	on(s)				
												(Instr. 4)	(,					
													Amount	1				
													or Number					
				ے ا	Code	l,	(A)		Date Exercisab		Expiration Date	Title	of Shares					
P. 1		-		-	-540	Ť	(*)	(5)		٠- ا		-100	5.153	 	-			-
Employee stock												Comme						
option (right to	\$11.66	03/26/2008			A		25,000		03/26/2009	g ⁽²⁾	03/26/2018	Stock	25,000	\$0	25,00	0	D	

Explanation of Responses:

- 1. Restricted stock award under the Foot Locker 2007 Stock Incentive Plan.
- 2. Option becomes exercisable in three equal annual installments beginning March 26, 2009, which is the first anniversary of the date of grant.

Remarks:

Sheilagh M. Clarke, Attorneyin-Fact for Robert W. McHugh

03/28/2008

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.