Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Maurer John A | | | | | | 2. Issuer Name and Ticker or Trading Symbol FOOT LOCKER INC [FL] | | | | | | | | | | | all applic Directo | able) | 10% Owne | | ner | |
|---|---|--|---|---------|------------------------------|--|---------|-----------|------------|--------------------------------------|------|--|-------|------------------|--|---|---|---|--|--|----------------|--|
| | (Fi OCKER, IN ST 34TH ST | | 3. Date of Earliest Transaction (Month/Day/Year) 03/26/2008 | | | | | | | | | | | below) VP & Trea | | | below) | | | | | |
| (Street) NEW Y(| | | 10120 (Zip) | | _ 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Lir | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deri | vativ | e Se | curitie | es A | cqu | uired, [| Disp | osed o | f, or | Bene | eficia | lly | Owned | | | | | |
| 1. Title of Security (Instr. 3) | | | Date | saction | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Ins | | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | |) or 5. Amo 4 and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | (| A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | Instr. 4) | | |
| Common Stock 03/2 | | | | | 26/200 | /2008 | | | | A | | 5,000 ⁽¹⁾ A | | \$(|) | 14,061(2) | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | | 792.488 | | | | 101(k) Plan | |
| | | - | Гable II - | | | | | | | | | sed of, onvertil | | | | y O | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | ı of | | Exp | Date Exer piration D onth/Day/ | ate | Amount of | | | D Si | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | kpiration ate | Title | 1 | Amoun or Number of Shares | | | | | | | |
| Employee stock option (right to | \$11.66 | 03/26/2008 | | | A | | 5,000 | | 03/ | 26/2009 ⁽³ | 3) 0 | 3/26/2018 | Comr | | 5,000 | | \$0 | 5,000 | | D | | |

Explanation of Responses:

- 1. Restricted stock award under the Foot Locker 2007 Stock Incentive Plan.
- 2. Includes 1,016 shares acquired on June 1, 2007 through the Employees Stock Purchase Plan.
- 3. 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 John A. Maurer

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.