#### PUBLIX SUPER MARKETS INC

Form 4 April 01, 2008

# FORM 4 IIN

# OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

Issuer

1,263.0721

CURITIES AND EXCHANGE COMMISSION OMB
Washington, D.C. 20549
Number:

Check this box if no longer subject to Section 16.

SECURITIES

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Symbol

Expires. 2005
Estimated average burden hours per response... 0.5

Expires:

5. Relationship of Reporting Person(s) to

3235-0287

January 31,

Form 4 or Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

Stock

(Print or Type Responses)

HALL LINDA S

1. Name and Address of Reporting Person \*

| (Last) (First) (Middle) P.O. BOX 407 |   |  |                 | PUBLIX SUPER MARKETS INC [NONE]                      |                 |  |                     |               | (Check all applicable)   |  |   |  |
|--------------------------------------|---|--|-----------------|--|-----------------|--|---------------------|---------------|--|--|---|--|
|                                      |   |  |                 | 3. Date of (Month/D) 03/28/20                        |                 | ransaction                                   |                     |               | Director 10% Owner Officer (give title Other (specify below)  Vice President   |  |   |  |
| (Street)  LAKELAND, FL 33802-0407    |   |  |                 | 4. If Amendment, Date Original Filed(Month/Day/Year) |                 |  |                     |               | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |  |
|                                      | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |                 |  |                 |  |                     |               |  |  |   |  |
|                                      | 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction Dat<br>(Month/Day/Year) | ) Execution any |  | Code (Instr. 8) | 4. Securi<br>or(A) or D<br>(D)<br>(Instr. 3, | ispose 4 and (A) or | d of 5) Price | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                             | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |  |
|                                      | Common<br>Stock   | 03/28/2008                             |                 |  | P               | 1,000  | A                   | \$<br>20.7    | 76,875   | D  |   |  |
|                                      | Common<br>Stock   |  |                 |  |                 |  |                     |               | 38,097.4235  | I  | By ESOP   |  |
|                                      | Common<br>Stock   |  |                 |  |                 |  |                     |               | 5,750  | I  | By<br>Custodian<br>For<br>Children                    |  |
|                                      | Common  |  |                 |  |                 |  |                     |               | 1 263 0721   | T  | By 401(k)   |  |

By 401(k)

#### Edgar Filing: PUBLIX SUPER MARKETS INC - Form 4

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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene

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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. Titl          | e and                  | 8. Price of | 9 |
|-------------|--------------|---------------------|--------------------|------------|------------|---------------------|--------------------|------------------|------------------------|-------------|---|
| Derivativ   | e Conversion | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration Date     |                    | Amount of        | Derivative             | J           |   |
| Security    | or Exercise  |                     | any                | Code       | of         | (Month/Day/         | Year)              | Under            | lying                  | Security    | , |
| (Instr. 3)  | Price of     |                     | (Month/Day/Year)   | (Instr. 8) | Derivative |                     |                    | Securities       | (Instr. 5)             | ]           |   |
|             | Derivative   |                     |                    |            | Securities |                     |                    | (Instr. 3 and 4) |                        | (           |   |
|             | Security     |                     |                    |            | Acquired   |                     |                    |                  |                        |             | J |
|             |              |                     |                    |            | (A) or     |                     |                    |                  |                        |             | J |
|             |              |                     |                    |            | Disposed   |                     |                    |                  |                        |             | - |
|             |              |                     |                    |            | of (D)     |                     |                    |                  |                        |             | ( |
|             |              |                     |                    |            | (Instr. 3, |                     |                    |                  |                        |             |   |
|             |              |                     |                    |            | 4, and 5)  |                     |                    |                  |                        |             |   |
|             |              |                     |                    |            |            |                     |                    |                  | Amount                 |             |   |
|             |              |                     |                    |            |            |                     |                    |                  | or                     |             |   |
|             |              |                     |                    |            |            | Date<br>Exercisable | Expiration<br>Date | Title I          |                        |             |   |
|             |              |                     |                    |            |            |                     |                    |                  |                        |             |   |
|             |              |                     |                    | Code V     | (A) (D)    |                     |                    |                  |                        |             |   |
|             |              |                     |                    | Code V     | (A) (D)    |                     | *                  | Title            | Number<br>of<br>Shares |             |   |

## **Reporting Owners**

Director 10% Owner Officer Other

HALL LINDA S P.O. BOX 407

Vice President

LAKELAND, FL 33802-0407

### **Signatures**

/s/ Monica Allman, POA on file for Linda S. Hall

03/31/2008

\*\*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).

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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