FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									

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

37 Estimated average burden hours per response: 0.5

								()				1 7									
Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol OFFICE DEPOT INC [ODP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Calkins Stephen R</u>					1	OTTICE DELOT INC [ODF]										Direc	ctor	1	0% O	wner	
						-										X Office belo		cer (give title ow)		Other (specify below)	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 03/20/2018									President - BSD					
6600 NORTH MILITARY TRAIL																					
LEGAL DEPARTMENT																					
					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ATTON		,	22.406												X Form filed by One Reporting Person					
BOCA R	AION	FL	ž	33496												Form filed by More than One Reporting					
(City)		/Cto	ta) /	7in)													Pers	on			
(City)		(Sta	ie) (Zip)																	
			Tabl	le I - Noi	า-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally O	wne	ed			
1. Title of Security (Instr. 3)				action	tion 2A. Deemed Execution Date,			3.	3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4							ount of		. Ownership	7. Nature of Indirect		
Date (Month/E					/Day/Year)		if any (Month/Day/Year)		Code (Instr. 5)			u Oi (D) (IIISII. 3, 4			В		cially d Following	(D) or Indi	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
						(14)		Month Day reary		10)			(4)			—— F	Reported Transaction(s) (Instr. 3 and 4)		(1) (111501. 4	'	(Instr. 4)
											V	Amount	(A) or (D)		Price						
Common Stock 03/20/)/2018						10,348	(1)	1) D \$2		2.28 550,095		50,095	D		
			Ta	hle II - F	Derivat	ive S	ecu	rities	Δcaui	ired D	isno	osed of,	or B	enefi	riall [,]	v Owi	ned				
			10									onvertib				, 011.	icu				
1. Title of Derivative	2. Conversi		3. Transaction Date	3A. Deem	Date,	4. Transaction Code (Instr.		on of tr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying			8. Price of Derivative Security		9. Number o derivative	10. Ownership	ship	11. Nature of Indirect Beneficial Ownership
Security	or Exercis	cise	(Month/Day/Year)	if any (Month/Da														Securities	Form:	·	
(Instr. 3)	Price of Derivativ					8)	8)		Securities Acquired					vative		(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	(Instr. 4)
Security							(A) or Disposed			Security (Instr. and 4)				str. 3	3		Following Reported	(I) (Inst	r. 4)		
							of (D) (Instr. 3, 4 and 5)		anu 4				4)				Transaction(s)	(s)			
																(Instr. 4)					
					-				.					Δm	ount						
														or							
										Date		Expiration		Nun of	nber						
							v	(A)		Exercisa		Date	Title		res						

Explanation of Responses:

1. Shares of common stock withheld by Issuer to satisfy tax withholding obligations on vesting of shares with restrictions from a grant issued on May 27, 2016.

/s/ N. David Bleisch, Attorney- 03/22/2018 in-Fact

** 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.