FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

| washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|-------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- | | |

| | OMB Number: | 3235-0287 |
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| ı | haura nar raananaa | 0.5 |

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* FANNIN DAVID C | | | | | 2. Issuer Name and Ticker or Trading Symbol OFFICE DEPOT INC [ODP] | | | | | | | | | | | all app Dired | nship of Reportin applicable) Director Officer (give title | | 10% C | | |
|---|--|-------|--|-----------------------------------|---|--|----|--------------------------------------|-----------|--|--|--------------|---------------|------------|---|---|--|--|---|------------|--------------|
| (Last) (First) (Middle) 2200 OLD GERMANTOWN ROAD MAIL CODE: LEGL | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2007 | | | | | | | | | | | belov | | | below) | | |
| (Street) DELRAY BEACH FL 33445 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | . Indivi ine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Co | Transaction Disposed Code (Instr. 5) | | | rities Acquired (A ed Of (D) (Instr. 3, | | | 8, 4 and S | | 5. Amount of Securities Beneficially Owned Following Reported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Со | de V | | Amount | | (A) or (D) | Price | Tran | | saction(s) r. 3 and 4) | | | (111511.4) | |
| Common Stock 02/23/ | | | | | 3/200 | /2007 | | (| G , | v | 1,000 | | D | \$ | 0 | 78,907(1) | | | D | | |
| Common Stock | | | | | | | | | | | | | | | | | (| 5,650 | | I | By Spouse |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Conversion or Exercise Price of Derivative Security | | Date, | | Transaction Code (Instr. 3) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | te Exer ation D th/Day/ | xpiration | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares | | ount nber | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | F C | 10. Dwnership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Beneficial holdings on Table I is updated to include 875 total shares in the Employee Stock Purchase Plan; and 4971 total shares under a Deferred Compensation Plan as of 2/23/2007.

Remarks:

By: Anne Zuckerman, 02/27/2007 Attorney-in-Fact for:

** Signature of Reporting Person

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.