# Edgar Filing: LOWES COMPANIES INC - Form 4

LOWES CC	MPANIES INC										
Form 4											
September 0											
FORM 4 UNITED STATES SECURITIES AN Washington								OMB AF OMB Number:	PROVAL 3235-0287		
Check th if no lon, subject to Section 1 Form 4 of Form 5 obligation may con See Instr 1(b).	ger o 16. or Filed purs tinue.	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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								Expires:January 31, 2005Estimated average burden hours per response0.5	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> CROOM MARSHALL A			2. Issuer Name <b>and</b> Ticker or Trading Symbol LOWES COMPANIES INC [LOW]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	(liddle)	3. Date of Earliest Transaction					(Chec)	k all applicable	:)	
(M				(Month/Day/Year) 09/01/2009				Director 10% Owner X Officer (give title Other (specify below) below) SVP & Chief Risk Officer			
				Amendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MOORESV	/ILLE, NC 28117							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/D	n Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	09/01/2009			F	6,490 (1)	D	\$ 20.86	81,982.3342 ( <u>2)</u>	D		
Common Stock								6,939.3178	Ι	By 401k Plan	
Common Stock								839.902	Ι	by IRA	

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

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#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable and onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting C	)wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
CROOM MARSHALL A 1000 LOWE'S BOULEVARD MOORESVILLE, NC 28117			SVP & Chief Risk Officer					
Signatures								
By: Sandra Felton For: Marshal Croom	1 A.	09/0	3/2009					
**Signature of Reporting Person		Ε	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).
- (1) Reflects shares delivered by reporting person to satisfy withholding taxes due upon vesting of restricted shares granted on September 1, 2005.
- (2) Direct Holdings include 657 shares acquired under the Lowe's Employee Stock Purchase Plan.

### **Remarks:**

The information provided for the shares held by the 401k Plan in this report are based on a plan statement dated as of August 3

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.