1. Name and Address of Reporting Person*  
JAMISON CYNTHIA T  
(First)  (Middle)  (Last)  
6600 NORTH MILITARY TRAIL  
LEGAL DEPARTMENT  
BOCA RATON FL 33496

2. Issuer Name and Ticker or Trading Symbol  
OFFICE DEPOT INC [ ODP ]

5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)  
X Director  
10% Owner  
Officer (give title below)  
Other (specify below)

3. Date of Earliest Transaction (Month/Day/Year)  
05/12/2020

4. If Amendment, Date of 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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>67,165</td>
<td></td>
</tr>
</tbody>
</table>

2. Transaction Date (Month/Day/Year)  
05/12/2020

3. Deemed Execution Date, if any (Month/Day/Year)

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)

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)

Restricted Stock Unit $0.0000(1)  
05/12/2020  
A(2)  
67,165  
(1)  
(1)  
Common Stock  
67,165  
0.0000  
283,832  
D

Explanation of Responses:
1. Each restricted stock unit represents a contingent right to receive one share of common stock.
2. Annual equity grant to the Reporting Person for compensation for service as a member of the Board of Directors of the Issuer.
3. The restricted stock unit fully vests on the Grant Date. Vested shares will be distributed to the Reporting Person immediately following his/her termination or expiration of term of service on the Issuer's Board of Directors.

/s/ N. David Bleisch, Attorney-in-Fact  
05/14/2020

** 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).
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.