| SEC F | Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| 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 |

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| Instruction 1(b). | | Filed pursua | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | 4 | riour | nours per response. 0.5 | | | | |
|---|------------|--------------|--|---|---|---|-------------------------|--|---|---|--|
| | | | or Se | ction 30(h) of the Inv | vestment Con | npany Act of 1940 | | | | | |
| 1. Name and Address of Reporting Person* AUSTRIAN NEIL R | | | | 2. Issuer Name and Ticker or Trading Symbol <u>OFFICE DEPOT INC</u> [ODP] | | | (Chec | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | | Director | | Owner | |
| (Last) (First) (Middle) 6600 NORTH MILITARY TRAIL | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2009 | | | | Officer (give title below) | Other (specify below) | | |
| LEGAL DEPARTMENT | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) BOCA RATON | FL | 33496 | 03/06/ | /2009 | | | Line) X | | ne Reporting Pers pre than One Rep | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | Т | able I - Noi | n-Derivative S | ecurities Acqu | uired, Disp | posed of, or Ben | eficially | Owned | | | |
| 1. Title of Security (| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired Disposed Of (D) (Instr. 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Transaction(s) (Instr. 3 and 4) Code V Amount (A) or (D) Price Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 10. 11. Nature 2. Derivative Security (Instr. 3) Execution Date, if any (Month/Day/Year) Transaction of Securities Underlying Derivative Security Ownership Form: Direct (D) Conversion Expiration Date (Month/Day/Year) Date Derivative Securities Derivative derivative of Indirect (Month/Day/Year) Security (Instr. 5) or Exercise Code (Instr. Securities Beneficial Price of 8) Acquired (A) Beneficially Ownership Owned Following or Disposed of (D) (Instr. 3, 4 and 5) or Indirect (I) (Instr. 4) Derivative (Instr. 3 and 4) (Instr. 4) Security Reported Transaction(s) Amount (Instr. 4) or Number of Shares Date Exercisable Expiration v (D) Title Code (A) Date Option Common (Right to \$0.85 03/04/2009 A 38,736⁽¹⁾ 03/04/2009 03/04/2016 38,736 \$<mark>0</mark> 38,736 D Stock Buy)

Explanation of Responses:

1. This Form 4 has been filed to amend the incorrect number of options reported in the original Form 4 filed for this option grant on March 6, 2009.

Remarks:

| By: Christopher Davies, | |
|-------------------------|--|
| Attorney-in-Fact for: | |

Date

03/11/2009

** 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.