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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person [*] Moehler Kim S			2. Issuer Name and Ticker or Trading Symbol <u>OFFICE DEPOT INC</u> [ODP]		tionship of Reporting Per all applicable) Director	rson(s) to Issuer 10% Owner
(Last) (First) (Middle)					Officer (give title below)	Other (specify below)
		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		Sr Vice President &	,
6600 NORTH MILITARY TRAIL LEGAL DEPARTMENT			03/04/2016		SI VICE President o	Controller
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable		
(Street)				Line)		
l` '	TT.	22400		X	Form filed by One Rep	orting Person
BOCA RATON	FL	33496			Form filed by More tha Person	n One Reporting
(City)	(State)	(Zip)				

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Dis Code (Instr. 5) 8)					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)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	03/04/2016		F		1,930(1)	D	\$5.26	137,044	D	
Common Stock	03/04/2016		D		5,124 ⁽²⁾	D	\$5.26	131,920	D	
Common Stock								12	Ι	By DCP

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)												
nsaction	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and	8. Price of	9. Nu					

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. Transa Code (8)		on of		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

1. Portion of award deemed withheld by Issuer to satisfy tax withholding obligations on vesting of award with restrictions from a grant issued on March 4, 2015.

2. The Compensation Committee of the Board of Directors of the Issuer approved the cash settlement of the Reporting Person's award based on provisions set forth in the Agreement and Plan of Merger by and among the Issuer, Staples, Inc., and Staples AMS, Inc., dated as of February 4, 2015 (the "Merger Agreement") requiring the cash settlement of such award while the Merger Agreement is effective.

> /s/ Darlene Quashie Henry, 03/08/2016 Attorney-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.