FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|     | OMB APPROVAL      |           |  |  |  |  |  |  |  |  |
|-----|-------------------|-----------|--|--|--|--|--|--|--|--|
|     | OMB Number:       | 3235-0287 |  |  |  |  |  |  |  |  |
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0.5

hours per response:

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*  MYERS MICHAEL J  |   |  |  |         |        | 2. Issuer Name and Ticker or Trading Symbol OFFICE DEPOT INC [ ODP ] |         |       |                                      |  |                     |   |                               |        | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |   |  |  |
|--|---|--|--|---------|--------|--|---------|-------|--------------------------------------|--|---------------------|---|-------------------------------|--------|---|--|---|---|--|--|
| WYERS WICHAEL J  |   |  |  |         |        |  |         |       |                                      |  |                     |   |                               |        | X   | Direc  | tor   |   | 10% O  | wner   |
| (Last) 113 HER   | Last) (First) (Middle) 13 HERRONTOWN LANE                             |  |  |         |        | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2006          |         |       |                                      |  |                     |   |                               |        |   | Office   | er (give title<br>v)  |   | Other (specify below)                          |  |
| ,  |   |  |  |         | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year)             |         |       |                                      |  |                     |   |                               |        | 6. Individual or Joint/Group Filing (Check Applicab                     |  |   |   |  | pplicable  |
| (Street) PRINCE  | TON N   | J (  | 08540  |         |        |  |         |       |                                      |  |                     |   |                               |        | ine)<br>X   |  |   |   |  |  |
| (City)   | (S  | tate) (                                    | Zip)   |         |        |  |         |       |                                      |  |                     |   |                               |        |   | Pers   |   | e man c   | пе кер   | orung  |
|  |   | Tab  | le I - No                                    | n-Deriv | ative  | Se   | curitie | s Acc | quired,                              | Dis  | posed o             | f, or   | Bene                          | efici  | ally C  | )wne   | ed  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  |  |         |        | Execution Date,  |         |       | Transaction Disposed Code (Instr. 5) |  |                     | ities Acquired (A) o<br>d Of (D) (Instr. 3, 4 a |                               |        | and Securi<br>Benefi<br>Owner   |  | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |
|  |   |  |  |         |        |  |         |       | Code                                 | v  | Amount              | (/  | () or<br>()                   | Price  | .  -  | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |   |  | (Instr. 4)   |
| Common Stock 03/15/2                                       |   |  |  |         | 5/2006 | 2006   |         | S     |                                      | 1,633  |                     | D   | \$36.68                       |        | 39,461  |  | Г   | )   |  |  |
| Common Stock 03/15/  |   |  |  | 5/2006  | 2006   |  |         | S     | s 1                                  |  | 400 D               |   | \$36                          | .69    | 38,061  |  | Г   | )   |  |  |
|  |   | Ta   |  |         |        |  |         |       |                                      |  | sed of,<br>onvertib |   |                               |        | y Ow  | ned  |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,   |        | ansaction<br>ode (Instr.   |         | of    |                                      | 6. Date Exercisab<br>Expiration Date<br>(Month/Day/Year) |                     | Amount of                                       |                               | str. 3 | 8. Prio<br>Deriva<br>Secur<br>(Instr.                                   | vative<br>rity<br>r. 5)                        | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owr<br>Forr<br>Dire<br>or Ir<br>(I) (I                            | nership<br>n:<br>ct (D)<br>ndirect<br>nstr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |  |         | Code   | v  | (A)     | (D)   | Date<br>Exercisal                    |  | Expiration<br>Date  | Title   | Amo<br>or<br>Nun<br>of<br>Sha |        |   |  |   |   |  |  |

**Explanation of Responses:** 

Remarks:

By: Anne Zuckerman, Attorney-in-Fact for:

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.