SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

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* <u>SZYMANSKI DAVID</u>			Date of Event equiring Staten Month/Day/Year 1/05/2013	nent	3. Issuer Name and Ticker or Trading Symbol <u>OFFICE DEPOT INC</u> [ODP]					
	(Last) (First) (Middle) 6600 NORTH MILITARY TRAIL LEGAL DEPARTMENT				4. Relationship of Reporting Pers (Check all applicable) X Director Officer (give title		on(s) to Issuer 10% Owner Other (specify		 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check 	
(Street) BOCA RATON (City)	FL (State)	33496 (Zip)				below)	below)	Ap	blicable Line) X Form filed b	y One Reporting Person y More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock						197,419	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Securi			4. Conversior or Exercise Price of	rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)	

Explanation of Responses:

<u>/s/ Matthew A. Broad,</u> <u>Attorney-in-Fact</u>

11/14/2013

** 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 5 (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.