FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES I | N BENEFICIAL | OWNERSHIP |
|-----------|--------------|--------------|-----------|

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | urden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* Moehler Kim S | | | | | 2. Issuer Name and Ticker or Trading Symbol OFFICE DEPOT INC [ODP] | | | | | | | | | Check a | ionship of Reporting all applicable) Director Officer (give title | | ng Pers | Person(s) to Issuer 10% Owner Other (specify | | | |
|--|--|--|--|--|--|---|----------|--|-------------------|------------------|--|--------------------|-------|---|--|--|---|---|---|---|--|
| (Last) 6600 NO LEGAL 1 | RTH MI | | ARY TRAIL | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2016 | | | | | | | | | | belov | below) Sr Vice President | | below) | | |
| (Street) BOCA R (City) | | | 3 | 33496 (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution I | | on Date, | Code | Transaction Dispo | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | nd S | 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 | , т | ransa | r. 3 and 4) | | | (1130.4) |
| Common Stock 03/28 | | | | | 03/28 | 3/2016 | 2016 | | F | | 3,328 | (1) | D | \$7. | .44 | 126,084 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | | 12 | | | I | By DCP | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security | | | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | ı of | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O Fe D oi (I) | D. wnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber ires | | | | | | |

Explanation of Responses:

1. Shares of common stock withheld by Issuer to satisfy tax withholding obligations on vesting of shares with restrictions.

/s/ Darlene Quashie Henry, Attorney-in-Fact

03/30/2016

** 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.