FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20045	

OMB APPROVAL									
OMB Number	3235-02								

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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

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Name and Address of Reporting Person* Mahe Eric-Yves					2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [KODK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Mane I	Lric- Yves	<u>S</u>								TODIC.	J		Director			10% Ow	ner	
-													X Officer (give title		Other (sp	pecify	
(Last)	(First)	(Middle)			of Earliest	Transa	action (Mo	nth/D	ay/Year)			,		below)			
EASTMAN KODAK COMPANY					06/11/2018							Senior Vice President						
	TE STREE																	
343 31A	HE STREI	51		l	Λ If Λm	ondmont F	Date of	f Original I	Eilad	(Month/Da	v/Voar)	6.11	ndividual or 10	nint/Group	Eiling /	Check Appli	cable	
					4. If Amendment, Date of Original Filed (Month/Day/Year) 06/12/2018							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	omen .		4.4650		00/12/2010								X Form filed by One Reporting Person					
ROCHE	STER I	NY	14650										Form filed by More than One Reporting					
				— I									Person					
(City)	((State)	(Zip)															
		_				• • • •						<i>e</i> · · · ·						
		l i	able I - Non-	-Deriva	tive S	ecurities	S AC	quirea,	DIS	posea c	or, or Be	neticiali	/ Owned					
1. Title of	Security (In:	str. 3)		2. Transac					4. Securities Acquired (A) of				5. Amount of				7. Nature of	
				Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year		Code (Instr.		d Of (D) (Instr. 3, 4 and 5		I 5) Securities Beneficially				ndirect Beneficial		
													Owned Fo				Ownership (Instr. 4)	
							Code	v	Amount	(A) (or Price	Transaction	on(s)		- '	1150.4)		
								Code		Amount		File	(Instr. 3 and 4)					
			Table II - D	erivati	ve Se	curities	Acai	uired. D	oasi	osed of	or Ben	eficially	Owned					
						lls, warr												
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	r of	6. Date Ex	ercis	ahle and	7 Title a	nd Amount	8. Price of	9. Numbe	er of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date	, Tran	action Derivative		Expiration Date of Securities			ties	Derivative	derivative	e	Ownership	of Indirect			
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)							ng Derivative (Instr. 3 and	Security (Instr. 5)	Securities Beneficially			Beneficial Ownership				
,	Derivative	7 7		or Dispos	èď	4)					' ' '	Owned	´	or Indirect ((Instr. 4)			
Security					of (D) (Instr. 3, 4 and 5)								Following Reported		(I) (Instr. 4)			
					$\overline{}$							Amount o	-	Transaction(s) (Instr. 4)				
				١	l.,	l		Date		Expiration		Number o		(
				Code	: V	(A)	(D)	Exercisab	DIE L	Date	Title	Shares						
Stock											Common							
Option (Right to	\$5.2	06/11/2018		A		30,212 ⁽¹⁾		(1)	0	06/10/2025	Stock, par value	30,212(1	\$0	30,212	(1)	D		
Buy)		1	I		1	1	ıl				\$ 01	1	1	I			I	

Explanation of Responses:

1. This option was previously reported by Mr. Mahe on his 6/12/2018 Form 4; however, at that time, the number of shares underlying the option could not be determined. This amendment is being filed to report the number of shares underlying the option.

Remarks:

/s/ Sharon E. Underberg, Attorney-in-fact for Eric-Yves

Mahe

** Signature of Reporting Person Date

06/13/2018

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.