FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-02								

287 Estimated average burden 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*						2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [KODK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kruchten Brad					10 1					11021	. 1			Direct	or		10% O	wner			
(1-2) (5:2) (4:44)						Date of Earliest Transaction (Month/Day/Year)								-	X Office below	r (give title)		Other (below)	specify		
(Last) (First) (Middle)						09/03/2013										Senior Vic	e Pr	esident			
343 STATESTREET																					
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)						4. II Amendment, Date of Original Flied (Month/Day/Teal)									Line)						
ROCHESTER NY 14650																X Form filed by One Reporting Person					
															Form filed by More than One Reporting						
(City)	(:	State)	(Zip)												Perso			·			
(- 5)														ļ							
		Tab	le I - Non	ı-Deriva	ative	Sec	curitie	es A	cquired	Dis	posed	of, or B	ene	ficial	ly Owne	d					
1. Title of Security (Instr. 3) 2. Transac						Execution Date,						curities Acquired (A)			5. Amo				7. Nature		
Date (Month/Da												ed Of (D) (I	nstr. :	3, 4 and	Securiti Benefic				of Indirect Beneficial		
Į (Owned Reporte				Ownership			
									Code	v	Amoun	(A) or		Price	Transac	ction(s)			(Instr. 4)		
										<u></u>	Amoun	OIII (D)		1 1100	(Instr. 3	3 and 4)					
		Т	able II - I	Derivat	ive S	Secu	ırities	Acc	quired, I	Disp	osed of	, or Be	nefi	cially	Owned						
			(e.g., pu	uts,	calls	s, war	rant	s, optio	ns, c	onvert	ible sec	urit	ies)							
1. Title of	2.	3. Transaction	3A. Deeme	Date, T	1.		5. Nu	ımber	6. Date Exerci		ble and	7. Title and Amo		nount	8. Price of	9. Number	r of	10.	11. Nature		
Derivative Security	Conversion		Execution if any		Transaction Code (Instr.				Expiration (Month/D			of Securities Underlying			Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
Security or Exercise (Month/Day/Year) if any (Month/Day/Year) Derivative if any (Month/Day/Year)					200e (3)	Securities			(Month/Day/Year) Underlying Derivative S					urity	(Instr. 5)	Beneficially		Direct (D)	Ownership		
		Acquired (A) or				(Instr. 3 and 4)						Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)						
Security							Disposed									Reported Transaction(s) (Instr. 4)		(1) (1113411 4)			
							of (D) (Instr. 3, 4														
							and 5)									,					
														nount							
													or Nu	mber							
				,	Code	l _v	(A)	(D)	Date Exercisal		xpiration ate	Title	of	ares							
D		+		-	Joue	<u> </u>	(^)	(0)	LACICISAL			11110	1511	63							
Restricted Stock	(1)								(2)		(2)	Common shares	27	,702		27,702		D			

Explanation of Responses:

- 1. These units convert on a one-to-one basis.
- 2. These units vest one-third on each of the first three anniversaries of the date of grant.

Remarks:

Susan M. Wylie as attorney-infact for Brad Kruchten

** 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.