FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL												
OMB Number:	3235-0287											

Estimated average burden 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* SILECK MICHAEL					2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [KODK]									k all appl	icable)	ng Per	son(s) to Is:		
(Last)	•	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023									Office	(give title		Other (s below)	specify
C/O EASTMAN KODAK COMPANY 343 STATE STREET					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) ROCHESTER NY 14650					Form filed by More than One Reporting Person														
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Executio			Transaction Dispose Code (Instr. 5)			rities Acqu ed Of (D) (lı		4 and Securit Benefic Owned		ies ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	t (A) (D)	or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock, par	value \$.01		05/19/	2023	2023		P		15,00	00 A	\$4	4.39 ⁽¹⁾ 74		4,575		D		
	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n Number I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		piration ate	Title	Amou or Numb of Share	er					
Restricted Stock Units	\$0 ⁽²⁾								(2)		(2)	Common Stock, par value \$.01	23,36	55		23,365	;	D	

Explanation of Responses:

- 1. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.36 to \$4.41, inclusive. Mr. Sileck undertakes to provide Eastman Kodak Company, any security holder of Eastman Kodak Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.
- 2. These restricted stock units, which convert into common stock on a one-for-one basis, vest on the day immediately preceding the Company's 2024 annual meeting of shareholders, except as otherwise provided in the award notice.

/s/ Roger W. Byrd, Attorneyin-Fact for Michael Sileck

05/23/2023

** 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.