FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

D.C. 20549

			Washington

OMB	APPROVAL

hours per response:

OMB Number: 3235-0287 Estimated average burden

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Filed pursuant to Costion 16(a) of the Cogurities Evaluates Act of 1024

mstruc	uon 1(b).			Filed		ection 30(h)						1934						
1. Name and Address of Reporting Person* <u>JAGER DURK I</u>					2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [EK]								k all applicat	ionship of Reporting Person all applicable) Director Officer (give title below)		n(s) to Issue		
(Last) (First) (Middle) EASTMAN KODAK COMPANY 343 STATE STREET				3. Date of Earliest Transaction (Month/Day/Year) 07/03/2006									Other (specify below)					
(Street) ROCHESTER NY 14650		14650		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(:	State)	(Zip)															
			Table I - Non-	Deriva	ative S	Securitie	s Ac	quired,	Dis	osed	of, or Be	nefi	cially O	wned				
D. D.			Date	te Ex onth/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction Dispose Code (Instr.		rities Acqui ed Of (D) (In			5. Amount Securities Beneficially Following Reported	Form:		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	nt (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(
Common	Stock												4,50	4,500(1)		D		
			Table II - D			ecurities alls, war								vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execution Date,	Transaction Code (Instr. S) 8)		Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		rlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	ve es ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl		cpiration ate	Title		ount or ober of res		Transaction(s) (Instr. 4)			
Option (right to buy) ⁽²⁾	\$65.625							(3)	0:	/02/2010	Common Stock	2	2,000		2,00	00	D	
Option (right to buy) ⁽²⁾	\$38.7813							(3)	0:	1/01/2011	Common Stock	2	2,000		2,00	,000 [
Option (right to	\$29.1							(3)	0:	/01/2012	Common		2,000		2,00	00	D	

(3)

(3)

(3)

(7)

Explanation of Responses:

1. Some of these shares are restricted.

\$36.66

\$24.49

\$31.71

\$24.75

(5)

- 2. Stock option granted under the 2000 Omnibus Long-Term Compensation Plan in a transaction exempt under Rule 16b-3.
- 3. These options vest one year after the date of grant.
- ${\bf 4.\ Stock\ option\ granted\ under\ the\ 2005\ Omnibus\ Long-Term\ Compensaton\ Plan.}$

07/03/2006

- 5. This award converts to common stock on a 1-for-1 basis.
- 6. These units were credited to the reporting person's phantom stock account in partial payment of the 2006 retainer.
- 7. Phantom stock units do not have exercise dates or expiration dates.

Remarks:

buy)⁽²⁾ Option

(right to buy)⁽²⁾

Option (right to buy)⁽²⁾

Option

(right to buy)⁽²⁾

Option

(right to buy)⁽⁴⁾

Phantom

Units

Laurence L. Hickey, as attorney-07/06/2006 in-fact for Durk I. Jager

D

D

D

D

D

2,000

2.000

1,500

1,500

22,607.486

** Signature of Reporting Person

Stock

Commo

Stock

Stock

Common

Stock

Commor

Stock

Commor

2,000

2,000

1.500

1,500

22,607.486

\$23.68

11/21/2012

11/18/2013

12/09/2014

12/06/2012

(7)

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).

Α

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.

1,689.19⁽⁶⁾