FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
wasiiiiiqtoii,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB AF	PPROVAL
OMB Number:	3235-028

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 [EK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
RUIZ HECTOR						LASTMAN RODAN CO [EN]								X	Directo	or		10% O	wner	
(Last) (First) (Middle) EASTMAN KODAK COMPANY 343 STATE STREET					3. Date of Earliest Transaction (Month/Day/Year) 12/11/2007									Officer (give title below)		Other (sp below)		specify		
					4. If	f Ame	endment,	Date	of Original	Filed	(Month/D	ay/Year)		6. Ind Line)	ividual or .	Joint/Group	Filin	g (Check A	oplicable	
(Street) ROCHESTER NY 14650			_											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State) (Zip)																			
		Tab	le I - No	n-Deriv	ative/	Se	curitie	s Ac	quired,	Dis	posed o	of, or E	Benef	icially	Owned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date, ay/Year) if any			Code (II	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			4 and Securition Benefici Owned I		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D) Pr		rice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			12/11	L/2007	7			A		2,570	(1)	A	\$23.28	25,4	414 ⁽²⁾		D		
		ר	Гable II -	Deriva (e.g., p	tive S	Sec call	urities s, warr	Acq	uired, D s, option	ispo s, c	osed of onverti	, or Be ble se	nefic curiti	ially (es)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	ay/Year)	4. Transaction Code (Instr. 8)		on of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		E	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ow For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Nu of	ount mber ares						
Option (right to buy) ⁽³⁾	\$38.7813								(4)	0	1/01/2011	Commo		000		2,000		D		
Option (right to buy) ⁽³⁾	\$29.1								(4)	0	1/01/2012	Commo Stock		000		2,000		D		
Option (right to buy) ⁽³⁾	\$36.66								(4)	1	1/21/2012	Commo Stock		000		2,000		D		
Option (right to buy) ⁽³⁾	\$24.49								(4)	1	1/18/2013	Commo		000		2,000		D		
Option (right to buy) ⁽³⁾	\$31.71								(4)	1	2/09/2014	Commo		500		1,500		D		
Option (right to buy) ⁽⁵⁾	\$24.75								(4)	1	2/06/2012	Commo		500		1,500		D		
Option (right to	\$25.88								(4)	1	2/11/2013	Commo		500		1,500		D		

Explanation of Responses:

- 1. These shares are restricted.
- 2. Some of these shares are restricted.

\$23.28

3. Stock option granted under the 2000 Omnibus Long-Term Compensation Plan in a transaction exempt under Rule 16b-3.

9,620

(4)

12/10/2014

- 4. These options vest one year after the date of grant.
- 5. Stock option granted under the 2005 Omnibus Long-Term Compensaton Plan.

12/11/2007

Remarks:

Option (right to

buy)⁽⁵⁾

9,620

Stock

\$23.28

9,620

D

** 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.