FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ashington, D.C.	20549	
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OMB APP	ROVAL
OMB Number:	3235-02

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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

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OMB Number:	3235-0287							
Estimated average burden								
hours per response: 0								

Name and Address of Reporting Person* Challer Potrials M.				2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [KODK]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Sheller Patrick M				-					<u>~</u> [DIL	J			Director			10% Ov	vner
,													l X		give title		Other (s	pecify
(Last)	(I	First)	(Middle)			of Earliest	Transa	action (Moi	nth/D	ay/Year)				below)		_	below)	
EASTM	AN KODA	K COMPANY			09/03/2014							Senior Vice President						
343 STA	TE STREE	1		<u> </u>	1 16 0	endment, D)-44	Original F	ا اما ا	(Manth/Da	(\(\alpha = \pi\)		C Ind	ividual or Jo	::=1/0:=:::=	Filina	(Chaal: Ann	liaabla
					i. ii Aiii)9/05/		Jale of	Original F	-liea ((Month/Da	y/rear)		Line)	ividual of Jo	invGroup	Filing	(Спеск Арр	licable
(Street)					171031	2014							X	Form file	ed by One	Repor	ting Person	.
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(City)	()	State)	(Zip)															
													<u> </u>					
		Та	able I - Non-	-Derivat	ive S	ecurities	s Acc	quired,	Dis	posed o	of, or Be	enefic	cially	Owned				
Date			2. Transact			3. 4. Securities Acquired (A) of								7. Nature of				
			Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Code (Instr.		Of (D) (Instr. 3, 4 and			Securities Beneficial				ndirect Beneficial		
												Owned Following Reported		(l) (lns		Ownership (Instr. 4)		
							Code	v	Amount	(A) c	or _D	rice	Transacti	on(s)		- ' '	(111501. 4)	
								Code V Amount		(A) or (D) Price			(Instr. 3 ar	ıd 4)				
			Table II - D	erivativ	re Se	curities	Acqı	uired, D	ispo	osed of.	or Ben	efici	ally O	wned				
						lls, warr												
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Number	r of	6. Date Ex	ercisa	able and	7. Title ar	nd Amo	ount	8. Price of	9. Numb	er of	10.	11. Nature
Derivative	Conversion	Date	Execution Date,			n Derivative		Expiration Date			of Securities			Derivative	derivativ	e	Ownership	of Indirect
Security (Instr. 3)							ir)	Underlying Derivativ Security (Instr. 3 and			Security (Instr. 5)		Securities Beneficially		Beneficial Ownership			
,,	Derivative or Disposed 4)								•		, ,,	Owned Following Reported		or Indirect (I) (Instr. 4)	(Instr. 4)			
Security					of (D) (Instr. 3, 4 and 5)		tr. 3,											
			Т						Δm		unt or		Transact (Instr. 4)					
					١.,	_(A)	[_,	Date		xpiration		Num	ber of		(
				Code	V	(A)	(D)	Exercisable	ie E	Date	Title	Shar	es					
Stock											Common							
Option (Right to	\$23.78 ⁽¹⁾	09/03/2014 ⁽¹⁾		A ⁽¹⁾		38,327 ⁽¹⁾		(1)	0	9/02/2021	Stock, par value	38,3	327(1)	\$0	38,32	7 ⁽¹⁾	D	
Buy)			l		1	I	1				\$.01	1			I			1

Explanation of Responses:

1. Mr. Sheller previously reported this option grant on his 9/3/14 Form 4; however, at the time, the number of shares underlying the option could not be determined. Mr. Sheller is filing this amendment to report the number of shares underlying the option. Except as otherwise provided in the award notice, the option vests one-third on each of the first three anniversaries of the grant date, subject to Mr. Sheller's continuous

Remarks:

/s/ Patrick M. Sheller

10/06/2014

Date

** Signature of Reporting Person

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.