FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

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

2. Issuer Name and Ticker or Trading Symbol

Name and Address of Reporting Person* McMullen John N						2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [KODK]									elationship eck all appli Directo	cable) or	g Perso	10% Ov	vner	
	Last) (First) (Middle) EASTMAN KODAK COMPANY 343 STATE STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/16/2016									X Officer (give title Other (specify below) Chief Financial Officer					
(Street) ROCHESTER NY 14650					_ 4.	f Am	endme	ent, Date	of Origina	l Filed	i (Month	Day/Y	'ear)	Line	X Form f	iled by One	e Repoi	(Check Apporting Personanted Cone Report	n	
(City)	/) (State) (Zip)														Person					
		Tal	le I - No	n-Deri	vativ	e Se	curi	ties Ac	quired	, Dis	posed	of, o	or Ben	eficial	y Owned	l				
Date				2. Tran Date (Month	saction /Day/Ye	ear)	if any	eemed tion Date n/Day/Yea	Code	Transaction Code (Instr.						es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amou	nt	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock, par value \$.01					06/16/2016						12,3	327	A	\$0(1)	22	22,100		D		
Common Stock, par value \$.01 06/10					6/201	/2016					5,81	. <mark>9</mark> (2)	D	\$15.6	2 16	16,281		D		
Common Stock, par value \$.01 06/16					6/201	/2016					9,4	9,448		\$0 ⁽³⁾	25	25,729		D		
Common Stock, par value \$.01 06/16					6/201	′2016					4,46	4,460 ⁽²⁾		\$15.6	2 21	,269		D		
			Table II -						uired, s, optio	•		,		•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		of Der Sec Acc (A) Dis of (I	lumber ivative urities juired or posed D) (Instr. and 5)	6. Date I Expiration (Month/I	n Dat		ole and 7. Title and An of Securities		es Security	8. Price of Derivative Security (Instr. 5)		Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership	Beneficial Ownership et (Instr. 4)	
					Code	v	(A)	Amount or Number Date Expiration of Shares A) (D) Exercisable Date Title Shares												
Restricted Stock Units	\$0 ⁽¹⁾	06/16/2016			M			12,327	06/16/2	017	06/16/201	17 pa	ommon Stock, or value \$.01	12,327	\$0	12,329	9	D		
Restricted Stock Units	\$0 ⁽³⁾	06/16/2016			M			9,448	(3)		06/16/201	18 s	ommon Stock, or value \$.01	9,448	\$0	18,891	7	D		
Stock Option (Right to Buy)	\$17.64								(4)		06/16/202	22 S	ommon Stock, or value \$.01	78,493		78,493	3	D		

Explanation of Responses:

- 1. These restricted stock units, which were previously reported by Mr. McMullen, convert into common stock on a one-for-one basis.
- 2. Shares withheld to cover tax withholding obligations upon the vesting of restricted stock units, which were previously reported by Mr. McMullen.
- 3. These restricted stock units, which convert into common stock on a one-for-one basis, vest one-third on each of the first three anniversaries of the 6/16/15 grant date.
- 4. This option vests one-third on each of the first three anniversaries of the 6/16/15 grant date.

Remarks:

/s/ Sharon E. Underberg, Attorney-in-fact for John N.

** Signature of Reporting Person

06/17/2016

McMullen

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.