FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OWR APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burden	
l	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

Name and Address of Reporting Person* Lloyd William J					2. Issuer Name and Ticker or Trading Symbol EASTMAN KODAK CO [EK]									ationship of Reporting k all applicable) Director Officer (give title		Person(s) to Issuer 10% Owne Other (spe		vner
(Last) (First) (Middle) 343 STATE STREET				3. Date of Earliest Transaction (Month/Day/Year) 07/18/2006									below) Senior Vice Pr			below)		
(Street) ROCHESTER NY 14650 (City) (State) (Zip)		14650		4. If Amendment, Date of Original Filed (Month/Day/Year)								- 1	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
		(Zip)											Form filed by More than One Reporting Person				ing Person	
		1	Гable I - Non-	Deriva	tive S	ecuriti	es A	Acquired,	Dis	osed of	f, or l	Benef	ficially (Owned				
1. Title of Security (Instr. 3)		[2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	e, Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 a		A) or s, 4 and 5)	or 5. Amount Securities Beneficial Owned For Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or D)	Price	Transactio (Instr. 3 an				(Instr. 4)	
Common	Stock												5,000(1)			D		
			Table II - D (e					quired, C						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		Derivative Exp		Expiration [Date Exercisable and piration Date onth/Day/Year)		7. Title and Amo of Securities Underlying Deri Security (Instr. 3 4)) Derivative	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter	re es ally g d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		piration te	Title	l N	mount or lumber of hares		Transaction (Instr. 4)		8)	
Option (right to buy)	\$24.49							(3)	1	1/18/2010	Com: Sto		4,000		4,00	00	D	
Option (right to buy)	\$31.74							(3)	1	2/08/2011	Com: Sto		30,000		30,0	00	D	
Option (right to buy)	\$31.17							(3)	1	2/09/2011	Com		4,000		4,00	00	D	
Option (right to buy)	\$26.46							(3)	O	5/11/2012	Com		10,000		10,0	00	D	
Option (right to buy)	\$26.47							(3)	0	5/31/2012	Com		33,333		33,3:	33	D	
Option (right to buy) ⁽²⁾	\$24.75							(3)	1	2/06/2012	Com		12,400		12,4	00	D	
Restricted Stock	(5)	07/18/2006		A		13.37 ⁽⁶⁾		12/31/2006 ⁽	7) 12	/31/2006 ⁽⁷⁾	Com		,186.37	\$21.93	1,186	.37	D	

Explanation of Responses:

- 1. These shares are restricted.
- 2. Stock option granted under the 2005 Omnibus Long-Term Compensaton Plan
- 3. These options vest one-third on each of the first three anniversaries of the grant date.
- 4. Theses units granted under the 2000 Omnibus Long-Term Compensation Plan; Leadership Stock Program, 2004-2005 cycle.
- 5. These units convert on a one-for-one basis.
- 6. These units were credited to the reporting person's account as dividend equivalents.
- 7. This is the date these restricted stock units will vest.

Remarks:

Units⁽⁴⁾

Laurence L. Hickey, as attorney-08/08/2006 in-fact for William J. Lloyd

** 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.