Edgar Filing: WALKER THOMAS KIRK - Form 4

| WALKER T | HOMAS KIRK | | | | | | | | | | |
|--|--------------------------------------|--------------------|--|--|---------------------------------------|------------------------------------|---|--|---|--|--|
| Form 4 | 1 | | | | | | | | | | |
| April 14, 201 | | | | | | | | | | PROVAL | |
| FORM | 4 UNITED | STATES | | ATTIES A | | | NGE C | COMMISSION | OMB OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | CHANGES IN BENEFICIAL OWNI SECURITIES | | | | | Expires: January 3 20 Estimated average burden hours per response 0 | | |
| Form 5 obligatior may conti <i>See</i> Instru 1(b). | ^{1s} Section 17 | (a) of the | Public Ut | | ling Con | npany | y Act of | e Act of 1934, 1935 or Sectior 0 | | 0.0 | |
| (Print or Type R | Responses) | | | | | | | | | | |
| WALKER THOMAS KIRK Symi | | | Symbol COSTC | 2. Issuer Name and Ticker or Trading /mbol OSTCO WHOLESALE CORP NEW [COST] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) 999 LAKE I | | (Middle) | 3. Date of (Month/D 04/12/20 | • | ansaction | | | Director X Officer (give below) Ex | | Owner er (specify | |
| | | | nendment, Date Original Ionth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| ISSAQUAH | , WA 98027 | | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year |) Execution any | ned n Date, if | 3. Transactio Code (Instr. 8) Code V | 4. Securi r(A) or Di (Instr. 3, | ties Adspose 4 and (A) or | cquired d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial | |
| Common Stock | 04/12/2011 | | | F | 634 | D | \$ 76.45 | 230,969 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

| Der Sect | itle of ivative urity tr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | orNumber Expiration of (Month/Da | | | Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|-------------|---------------------------------------|---|---|---------------------------------------|-------------------------------------|---------------------|--------------------|-----------|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|--------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| WALKER THOMAS KIRK 999 LAKE DRIVE ISSAQUAH, WA 98027 | | | Executive VP | | | | | |
| Signatures | | | | | | | | |
| Deanna K. Nakashima, attorney-in-fact | 04/14/2011 | | | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |
| | | | | | | | | |

Explanation of Responses:

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.