PROCTER & GAMBLE CO

Form 4

August 22, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287

0.5

Check this box if no longer

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

OMB APPROVAL

response...

5. Relationship of Reporting Person(s) to

Issuer

required to respond unless the form

Estimated average burden hours per

subject to Section 16. Form 4 or Form 5 obligations

may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

2. Issuer Name and Ticker or Trading

30(h) of the Investment Company Act of 1940 See Instruction

Symbol

1(b).

(Print or Type Responses)

HARRISON R KEITH

1. Name and Address of Reporting Person *

| | | | PROCTER & GAMBLE CO [PG] | | | | | (Check all applicable) | | | |
|---|--|-----------|---|---------------------------------------|--------------------------|--|---------------|--|--|---|--|
| (Last) (First) (Middle) ONE PROCTER & GAMBLE PLAZA | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2008 | | | | | Director 10% Owner X Officer (give title Other (specify below) | | | |
| | 4. If An | nendment, | Date Origi | nal | | 6. Individual or Joint/Group Filing(Check | | | | | |
| CINCINN | Filed(Month/Day/Year) | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Ta | ble I - Nor | ı-Derivativ | e Secu | ırities Acq | uired, Disposed o | f, or Benefici | ally Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | Date, if | 3. Transacti Code (Instr. 8) | iomr Dispo (Instr. 3, | sed of 4 and 3 | (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 Ownership (Instr. 4) | |
| Stock | 08/21/2008 | | | S | 43,943 | D | 69.676 (1) | 90,154.561 | D | | |
| Common Stock | | | | | | | | 18,626.0577 | I | By Retirement Plan Trustees | |
| 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 | | | | | | | | | | SEC 1474 (9-02) | |

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

| 1. Title of | 2. | 3. Transaction Date | | 4. | 5. | 6. Date Exerc | | 7. Title | | 8. Price of | 9. Nu |
|--------------------------------------|---|---------------------|---|-----------------|---|---------------------|--------------------|---------------------------------------|--|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | Amour Underl Securit (Instr. | lying | Derivative Security (Instr. 5) | Deriv Secur Bene Own Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HARRISON R KEITH ONE PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202

Global Product Supply Officer

Signatures

Jason P. Muncy, Attorney-in-Fact for R. KEITH HARRISON, JR.

08/22/2008

**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).
- (1) Weighted average price of the shares sold. The price range was \$69.60 to \$69.76. Full information regarding the number of shares sold at each separate price available upon request.

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.

Reporting Owners 2