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Zyck John											
Form 4	2010										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	UNITED	STATES SI		ITIES A hington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this if no long	or.								Expires:	January 31, 2005	
In the folger STATEMENT OF CHANGES IN BENEFICIAL subject to Section 16. Section 16. SECURITIES Form 4 or Filed pursuant to Section 16(a) of the Securities Excording Excurtations							Estimated average burden hours per response				
obligation may conti <i>See</i> Instru 1(b).	nue. Section 17(a) of the Pul	blic Ut		ing Con	npany	y Act of	1935 or Section	n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Zyck John			2. Issuer Name and Ticker or Trading Symbol Sara Lee Corp [SLE]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (N	Aiddle) 3.	3. Date of Earliest Transaction					(enter an appreacie)			
C/O SARA LEE CORPORATION, 3500 LACEY ROAD			(Month/Day/Year) 08/31/2010					Director 10% Owner X_ Officer (give title Other (specify below) below) Interim Controller			
	(Street) 4. If Amendm Filed(Month/D				-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DOWNERS	GROVE, IL 605	15						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	ispose	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)		
Common stock	08/31/2010			F	336 <u>(1)</u>		\$ 14.44	12,262 <u>(2)</u>	D		
Common stock								356	Ι	By 401(K) Plan	

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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						
Reporting O when Plante, Plantess	Director	10% Owner	Officer	Other			
Zyck John C/O SARA LEE CORPORATION 3500 LACEY ROAD DOWNERS GROVE, IL 60515			Interim Control	ller			
Signatures							
/s/ Helen N. Kaminski pursuant to p	ower of a	ttorney prev	iously	09/02/2010			

filed. <u>**</u>Signature of Reporting Person

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) Represents shares of common stock withheld by Sara Lee to satisfy the reporting person's tax liability incurred upon the vesting of restricted stock units (RSUs).

Includes 10,210 RSUs that may be settled only for shares of common stock. RSUs generally vest one to five years after the grant date(2) and, upon vesting, are convertible into shares of common stock on a one-for-one basis. RSUs vest based on the reporting person's continued employment through the vesting period.

Date

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.