Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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Name and Address of Reporting Person*  Van Damme Alexandre							2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Kraft Heinz Co</u> [ KHC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
van Danine Alexandre											-					Oirect	tor		10% Ov	vner	
(Last)		(First	t) (N	/liddle)			. Date of Earliest Transaction (Month/Day/Year) 15/07/2020								1		Officer (give title below)		Other (s below)		
C/O THI	05/07/2020																				
ONE PPG PLACE, SUITE 3200						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															1 '	X Form filed by One Reporting Person					
PITTSBURGH PA 15222																Form filed by More than One Reporting Person					
(City)		(Stat	e) (Z	ip)												. 0.0					
			Table	I - No	n-Deriva	tive S	Secur	ities A	cq	uired,	Dis	posed of	, or E	Bene	eficia	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				y/Year) if any		. Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)						Securi Benefi	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A) (D)	or	Price	Transa	action(s) 3 and 4)			(IIISU. 4)	
Common	Stock				05/07/2	2020				A		8,152(1)	A		\$28.8	8.83 25,048 <sup>(2)</sup> D					
Common	Stock															1 250 000 <sup>(3)</sup> 1 1 1 1 1				See Footnote	
	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)	ative Conversion Date Execution Date or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)				6. Date Expirati (Month/	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	. Price of berivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
												Amo	ount		I			I			

## **Explanation of Responses:**

1. Grant of deferred shares, which includes 3,816 deferred shares pursuant to an election to receive deferred shares in lieu of a cash retainer. Receipt of the shares is deferred until the six-month anniversary of the reporting person's separation from service as a director of Kraft Heinz

(D)

Date Exercisable

Expiration Date

- 2. Total number of shares includes 469 shares acquired through a dividend reinvestment program.
- 3. Represents an indirect interest held by Societe Familiale of d'Ivestissements. The Reporting Person is an indirect beneficial owner of equity interests in Societe Familiale of d'Ivestissements. The Reporting Person disclaims beneficial ownership in such securities.

## Remarks:

/s/ Heidi Miller, by Power of <u>Attorney</u>

Number

Shares

Title

05/11/2020

\*\* Signature of Reporting Person

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).

Code

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.