FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasnington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|-----------|
| | | | |

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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* Cool Tracy Britt | | | | | | 2. Issuer Name and Ticker or Trading Symbol Kraft Heinz Co [KHC] | | | | | | | | | all app | | ng Per | 10% O | wner | |
|--|--|-------------|---|---------|---|---|---------|---------|--|------------------------------------|--------------------|---|--|---|---------|---|---|---|---|--|
| | | EINZ COMPAN | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015 | | | | | | | | | | Office | er (give title v) | | Other (below) | (specify | |
| ONE PPG PLACE, SUITE 3200 (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| l ` ′ | JRGH PA | . 1 | 5222 | | | | | | | | | X | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | ı-Deriv | ative | Sec | curitie | s Acc | uired, | Dis | posed o | f, or | Bene | ficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution | | n Date, | Code (| ransaction Disposed ode (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, | | | nd | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (| A) or D) | Price | . 1 | Transaction(s) (Instr. 3 and 4) | | | | (11311. 4) |
| Common Stock 12/31 | | | | 1/2015 | | | | | | 2,832(| 1) | A \$0 | | 12,728 ⁽²⁾ | | | D | | | |
| | 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 | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. B) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | F [| Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Num of Shai | | | | | | | |

Explanation of Responses:

1. Grant of 1,975 restricted stock units and 857 deferred shares under the H. J. Heinz Holding Corporation 2013 Omnibus Incentive Plan. The restricted stock units and deferred shares are 100% vested, but receipt of the shares is deferred until the reporting person's separation from service as a director of Kraft Heinz.

2. Total number of shares includes 143 shares acquired through a dividend reinvestment program.

Remarks:

/s/ Christopher H. Anderson, by Power of Attorney

01/05/2016

** 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.