FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>Van Damme Alexandre</u>							2. Issuer Name and Ticker or Trading Symbol Kraft Heinz Co [ KHC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
																Dire	,		10% (	Owner		
(Last) (First) (Middle) C/O THE KRAFT HEINZ COMPANY							3. Date of Earliest Transaction (Month/Day/Year) 09/18/2019									Offic below	er (give title v)			Other (specify below)		
ONE PPG PLACE, SUITE 3200							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) PITTSBURGH PA 15222						-										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)																					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye						Execution Date,			3. 4. Securities Disposed Of Code (Instr. 8)					Benefic		ies cially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(111501. 4)		
Common Stock 09/18/201							19			P		250,000(1)	A	\$28.4	\$28.45 <sup>(2)</sup>		250,000			See Footnote <sup>(3)</sup>		
Common											8,168		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)	Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year)			4. Transa Code ( 8)		5. Numof of Deriv. Securion Acquired (A) or Disport of (D) (Instrand 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares				9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## Explanation of Responses:

- 1. On September 18, 2019, Legacy Participations S.a.r.l., a subsidiary of Societe Familiale of d'Investissements, acquired 250,000 shares of the Issuer's common stock.
- 2. The transaction was executed in multiple trades at prices ranging from \$28.27 to \$28.54. The price reported above reflects the weighted average purchase price. The Reporting Person hereby undertakes to provide upon request to the SEC staff, the Issuer or a shareholder of the Issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. Represents an indirect interest held by Societe Familiale of d'Investissements. The Reporting Person is an indirect beneficial owner of equity interests in Societe Familiale of d'Investissements. The Reporting Person disclaims beneficial ownership in such securities.

## Remarks:

/s/ Rashida La Lande, by Power of Attorney

09/20/2019

\*\* 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.