FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated | Estimated average burden | | | | | | | |
| hours per | hours per response: | | | | | | | |

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

| Name and Address of Reporting Person* POPE JOHN C | | | | | 2. Issuer Name and Ticker or Trading Symbol Kraft Heinz Co [KHC] | | | | | | | | | k all app Direc | licable) tor | g Person(s) to I | |)wner | |
|---|--|---|-----------------|---|--|---------|--|--|--------|--|-------------------|---|---|--|--|------------------|---------------------------------------|-------------|--|
| (Last) (First) (Middle) C/O THE KRAFT HEINZ COMPANY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2020 | | | | | | | | | Office below | er (give title v) | | Other (below) | specify | | |
| 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) | | | | | | | | | | | | | | X | • / | | | | |
| PITTSB | URGH PA | A 1 | 5222 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Securi Benefi | | ties cially I Following | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | Code | v | Amount | Amount (A) or (D) | | ice | Transaction(s) (Instr. 3 and 4) | | | | (111311. 4) | |
| Common Stock 05/07/2 | | | | 2020 | | A | | 4,336(1) | A | \$ | 28.83 | 38,328(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 | xercise (Month/Day/Year) if any (Month/Day/Year) vative | | | Transaction Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | vative irities ired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins. 3 and 4) Amou or Numb of | | nt er | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | (A) (D) | | Exercisable | | Date | Title Shar | | s | | | | | | |

Explanation of Responses:

- 1. Grant of deferred shares, receipt of which is deferred until the six-month anniversary of the reporting person's separation from service as a director of Kraft Heinz.
- 2. Total number of shares includes 5,957 shares acquired through a dividend reinvestment program.

Remarks:

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

05/11/2020

** 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.