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COSTCO WHOLESALE CORP /NEW Form 4/A November 01, 2013

		OMB APPROVAL				
	S SECURITIES AND EXCHANGE C Washington, D.C. 20549	Number: 3235-0287				
Check this box if no longer		Expires: January 31, 2005				
subject to STATEMENT (Section 16. Form 4 or	Estimated average burden hours per response 0.5					
obligations may continue Section 17(a) of the	Section 16(a) of the Securities Exchange Public Utility Holding Company Act of) of the Investment Company Act of 194	1935 or Section				
(Print or Type Responses)						
1. Name and Address of Reporting Person <u>*</u> LAZARUS FRANZ E	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
	COSTCO WHOLESALE CORP /NEW [COST]	(Check all applicable)				
(Last) (First) (Middle) 999 LAKE DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 09/20/2013	Director 10% Owner _X Officer (give title Other (specify below) below) Executive VP				
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)				
ISSAQUAH, WA 98027	09/23/2013	_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)	Table I - Non-Derivative Securities Acqu	uired, Disposed of, or Beneficially Owned				
(Instr. 3) any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)	5. Amount of Securities6.7. Nature of IndirectBeneficiallyForm: DirectBeneficialOwned(D) orOwnershipFollowingIndirect (I)(Instr. 4)Reported(Instr. 4)				
Common 09/20/2013 Stock	$\begin{array}{c} (A) \\ or \\ Code V Amount (D) Price \\ A \\ \underline{(1)} \\ \end{array} \begin{array}{c} (A) \\ Price \\ A \\ 117.94 \end{array}$	Transaction(s) (Instr. 3 and 4) 60,132 D				

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

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 control number.

 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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
LAZARUS FRANZ E 999 LAKE DRIVE ISSAQUAH, WA 98027			Executive VP			
Signatures						
Deanna K. Nakashima, attorney-in-fact		11/01/20	013			
**Signature of Reporting Person		Date				

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).

Represents additional restricted stock units ("RSUs") resulting from the upward adjustment of unvested RSUs in connection with the special cash dividend paid on December 10, 2012. The adjustment was required under the plan documents governing the grants. The

special cash dividend paid on December 10, 2012. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan documents governing the grants. The adjustment was required under the plan document governing the grants. The adjustment was required under the plan document governing the grants. The adjustment governing the grants governing the grants governing the grants. The adjustment governing the grants governing the grant governing the grants governing th

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.