COSTCO WHOLESALE CORP /NEW Form 3 March 24, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> DENMAN KENNETH D			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol COSTCO WHOLESALE CORP /NEW [COST]				
	irst)	(Middle)	03/20/2017	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
999 LAKE DRIVE (Street) ISSAQUAH, WA 98007				(Check all applicable) <u>X</u> Director 10% Owne Officer Other (give title below) (specify below)		Owner	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 	
(City) (St	ate)	(Zip)	Table I - I	Non-Derivat	ive Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)			2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*	
Common Stock			0		D	Â		
Reminder: Report or owned directly or ind	directly.		ch class of securities benefic	- 51	EC 1473 (7-02)		
	informa require	ation conta d to respo	oond to the collection of ined in this form are no nd unless the form disp IB control number.	t				
Table	II - Deri	vative Secur	ities Beneficially Owned (a	e.g., puts, calls,	warrants, opt	ions, c	onvertible securities)	

OMB APPROVAL

Expires:

response...

Estimated average burden hours per

3235-0104

January 31,

2005

0.5

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer	Other		
DENMAN KENNETH D 999 LAKE DRIVE ISSAQUAH, WA 98007	ÂX	Â	Â	Â		
Signatures						
Deanna K. Nakashima, attorney-in-fact	03/24/2017					
**Signature of Reporting Person	Date					

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.