LOWES COMPANIES INC

Form 4

November 26, 2013

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

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

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * HULL ROBERT F JR | | rting Person * | 2. Issuer Name and Ticker or Trading Symbol LOWES COMPANIES INC [LOW] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|--|-----------|----------------|---|---|--|--|
| | | 25.111 | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | | | |
| | | | (Month/Day/Year) | Director 10% Owner | | |
| 1000 LOWE'S | S BOULEV | /ARD | 11/25/2013 | _X_ Officer (give title Other (specify below) Chief Financial Officer | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| | | | Filed(Month/Day/Year) | Applicable Line) | | |
| MOORESVIL | LE, NC 28 | 8117 | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acc | nuired Disnosed of or Reneficially Owner | | |

| (City) | (State) | Table Table | e I - Non-D | erivative S | Securi | ties Acqu | ired, Disposed of | , or Beneficiall | y Owned |
|--------------------------------------|---|---|--|--|--------|-------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securiti n(A) or Dis (Instr. 3, 4 | sposed | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 11/25/2013 | | M | 88,000 | A | \$ 32.21 | 294,897 | D | |
| Common Stock | 11/25/2013 | | S | 88,000 | D | \$ 47.6 | 206,897 | D | |
| Common Stock | | | | | | | 12,310.392 | I | by 401(k) Plan |

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

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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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amou Underlying Securi (Instr. 3 and 4) | |
|---|---|---|---|--|--|--|--------------------|--|---------------------------|
| | | | | Code V | and 5) | Date Exercisable | Expiration Date | Title | Amo or Num of Sh |
| Non-Qualified Stock Option (right to buy) | \$ 32.21 | 11/25/2013 | | M | 88,000 | <u>(1)</u> | 03/01/2014 | Common Stock | 88,0 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HULL ROBERT F JR 1000 LOWE'S BOULEVARD MOORESVILLE, NC 28117

Chief Financial Officer

Signatures

By: /s/ Sandra Felton by power of attorney For: Robert F. Hull, Jr.

11/26/2013

**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).
- (1) The option vests in three annual installments beginning on March 1, 2008.

Remarks:

The information provided for the shares held by the 401(k) Plan in this report is based on a plan statement dated as of October 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.

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