## Edgar Filing: JOHNSON & JOHNSON - Form 4

JOHNSON &	JOHNSON											
Form 4												
June 11, 2009	)											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								т	OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
if no longe subject to	Section 16. SECURITIES							NERSHIP OF	burden hou	Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 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 See Instruction 1(b).										0.0		
(Print or Type R	esponses)											
COLEMAN MARY SUE Symbol				2. Issuer Name <b>and</b> Ticker or Trading /mbol OHNSON & JOHNSON [JNJ]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Mont				<ul><li>B. Date of Earliest Transaction</li><li>Month/Day/Year)</li><li>D6/09/2009</li></ul>				X_ Director 10% Owner Officer (give title Other (specify below) below)				
(Street)			4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) NEW BRUNSWICK, NJ 08933							Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executi any	emed on Date, if /Day/Year)	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4)	(A) o 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								9,563 <u>(1)</u>	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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Nu	mber	6. Date Exercisable and		7. Title and Amount of		8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionof		Expiration Date		Underlying Securities		Derivativ
Security	or Exercise		any	Code	Deriv	vative	(Month/Day/Year)		(Instr. 3 and 4)		Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	) Secu	rities					(Instr. 5)
	Derivative				Acqu	ired					
	Security				(A) o	r					
					Dispo	osed					
					of (D	)					
					(Instr	. 3, 4,					
					and 5	)					
										Amount	
										or	
							Date	Expiration	Title	Number	
							Exercisable	Date	The	of	
				Code	V (A)	(D)				Shares	
				Coue	• (11)	(D)				Shares	
Phantom											
Stock	<u>(3)</u>	06/09/2009		J	574		(2)	(2)	Common	574	\$ 0
Units $(2)$	<u></u>	00/07/2007		0	571		_		Common	071	φU
Omts (2)											

Deletionching

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>				
	Director	10% Owner	Officer	Other
COLEMAN MARY SUE JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	Х			
Signatures				
Linda E. King, as attorney-in-fact for Mar Coleman	ry Sue		06/11/20	009
<u>**</u> 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) Includes 432 shares held in IRA controlled by reporting person and 316 shares under Issuer's Dividend Reinvestment Plan.
- (2) The Phantom Stock Units acquired under the Issuer's Non-Employee Director Deferred Fee Plan on June 9, 2009 at \$55.65 per share are to be settled in cash upon the Reporting Person's Retirement.

(3) 1 for 1

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.