FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL					
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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

1. Name and Address of Reporting Person*  MASSEY MICHAEL J						2. Issuer Name <b>and</b> Ticker or Trading Symbol OFFICE DEPOT INC [ ODP ]										all app	onship of Reporting F all applicable) Director		Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) 6600 NORTH MILITARY TRAIL						3. Date of Earliest Transaction (Month/Day/Year) 09/09/2013										Office below	er (give title w)		Other (specify below)	
LEGAL DEPARTMENT						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOCA RATON FL 33496															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(	State)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)						Execution Date,		Date,	Transaction Disposed Code (Instr.			ties Acquired (A) o Of (D) (Instr. 3, 4			and 5) Sec Ber		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	v	Amount	(/ (I			A) or D)	Price		Transaction(s) (Instr. 3 and 4)				(111511.4)					
Common Stock 09/09/						/2013					3,241(1)	A \$0.0		\$0.0	3,241		3,241	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)	ative Conversion Date Execution Date or Exercise (Month/Day/Year) if any			n Date,	Pate, Transaction Code (Instr.		5. Num of Derivation Securion Acquir (A) or Disport of (D) (Instr. and 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nu of	mber ares						

## **Explanation of Responses:**

1. Represents the number of shares of the Issuer's common stock issued to the Reporting Person as compensation for service as Chair of the Compensation Committee of the Issuer's Board of Directors, of which 25% vest immediately on the grant date; and 75% will vest in full, if applicable, upon the earlier of: (1) the closing date of Issuer's merger with OfficeMax if the Reporting Person is appointed to the board after the merger (the "NewCo Board"), (2) the termination of Issuer's merger agreement with OfficeMax, or (3) the date of the 2014 Annual Shareholder Meeting for Office Depot. If the merger with OfficeMax closes and the Reporting Person is not appointed to NewCo's Board, then the Reporting Person will immediately forfeit this portion of the equity award.

<u>Darlene Quashie Henry,</u> <u>Attorney-in-Fact</u> <u>09/11/2013</u>

\*\* 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.