

### **BEST BUY CO INC**

# Reported by MCCOLLAM SHARON

#### FORM 4

(Statement of Changes in Beneficial Ownership)

#### Filed 04/17/14 for the Period Ending 04/16/14

Address 7601 PENN AVE SOUTH

RICHFIELD, MN 55423

Telephone 6122911000

CIK 0000764478

Symbol BBY

SIC Code 5731 - Radio, Television, and Consumer Electronics Stores

Industry Retail (Technology)

Sector Services

Fiscal Year 02/03





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

ON OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2. I	ssuer N	ame a	and T	ick	ker or Tr	ading S	ymbo		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
MCCOLLAM SHARON									C [ BB								
(Last)	(Last) (First) (Middle)					Earlie	est Tra	ıns	action (M	MM/DD/Y	YYYY)		Director 10% Owner X Officer (give title below) Other (specify				
7601 PENN AVENUE S.							4/	16	5/2014			below)					
(Street)					f Amen		ıt, Dat	e (	Original	Filed		6. Individual  Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
RICHFIELD, MN 55423 (City) (State) (Zip)													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	ole I - No	n-Deriv	ative So	ecurit	ties A	cq	uired, I	Dispose	d of,	or Beneficially Ow	ned				
				2. Trans. Date	2A. Deeme Execut Date, i	ed Co	3. Trans. Code (Instr. 8)		or Disposed of (D)		ed (A)		amount of Securities Beneficially Owned owing Reported Transaction(s) tr. 3 and 4)			7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock				4/16/201	4		Code F	V	Amount 10797.000	(D)	Price 24.4700	150123	.0700 (2)		(I) (Instr. 4) <b>D</b>		
,	Table II -	Derivati	ive Secur	ities Be	neficial	lly Ov	wned	( e.	.g. , put	s, calls,	, warı	rants, options, con	vertible	securities	)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Execution Date, if	Deemed Execution Date, if	4. Trans. Code (Instr. 8)	Derivat Acquir Dispos	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date			le and Amount of ities Underlying ative Security . 3 and 4)	ing Derivative	of derivative Securities Beneficially Owned Following	Ownership Form of I Derivative ( Security: ( Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V (A)		(D)	Da Ex	ite l ercisable l	Expiration Date	Title	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)		

#### **Explanation of Responses:**

- (1) Shares automatically withheld upon vesting of restricted shares to satisfy tax withholding obligation.
- (2) This number reflects a periodic acquisition of shares under a dividend reinvestment plan exempt from reporting under Section 16b-3(c).

Reporting Owners

Panarting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10%	Owner	Officer	Other				
MCCOLLAM SHARON									
7601 PENN AVENUE S.				Chief Admin Officer & CFO					
RICHFIELD, MN 55423									

#### **Signatures**

/s/ Todd G. Hartman, Attorney-in-Fact

\*\* Signature of Reporting Person

A/17/2014

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 control number.