

# FORM 4

[ ] 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

OMB APPROVAL  
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### 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 <sup>*</sup> <b>Ballard Shari L</b> (Last) (First) (Middle) <b>7601 PENN AVENUE S.</b> (Street) <b>RICHFIELD, MN 55423</b> (City) (State) (Zip)	2. Issuer Name <b>and</b> Ticker or Trading Symbol <b>BEST BUY CO INC [ BBY ]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  ____ Director _____ 10% Owner <input checked="" type="checkbox"/> <b>X</b> Officer (give title below) _____ Other (specify below) <b>Pres, U.S. Retail &amp; CHRO</b>
	3. Date of Earliest Transaction (MM/DD/YYYY) <b>10/12/2015</b>	
	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> <b>X</b> Form filed by One Reporting Person ____ Form filed by More than One Reporting Person

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	10/12/2015		A		18251.0000 (1)	A	\$0.0000	92063.9080 (2)	D	

#### Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					
						(A)	(D)		Title Amount or Number of Shares				

#### Explanation of Responses:

( Represents the vesting and share settlement of a performance share award approved by the Issuer on September 19, 2012. Performance for this award was  
1) measured based on the Issuer's total shareholder return (TSR) compared to the TSR of all of the companies within the S&P 500 Index. The performance results and number of shares earned based on the results were approved by the Compensation & Human Resources Committee of the Board of Directors on October 12, 2015.

( This number reflects a periodic acquisition of shares under a dividend reinvestment plan exempt from reporting under Section 16b-3(c).  
2)

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>Ballard Shari L</b> <b>7601 PENN AVENUE S.</b> <b>RICHFIELD, MN 55423</b>			<b>Pres, U.S. Retail &amp; CHRO</b>	

#### Signatures

/s/ **Hannah G. Olson, Attorney-in-fact**

**10/14/2015**

<sup>\*\*</sup>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 control number.