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MCQUADE KATHRYN B Form 3 March 05, 2012 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB approval

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> MCQUADE KATHRYN B			2. Date of Event Requi Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol ALTRIA GROUP, INC. [MO]					
	,	(Middle)	02/29/2012	4. Relationshi Person(s) to I	ip of Reporting ssuer	5. If Amendment, Date Original Filed(Month/Day/Year)				
6601 WEST BROAD STREET (Street) RICHMOND, VA 23230				X Director Officer	all applicable) r 10% Owner Other w) (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (Si	tate)	(Zip)	Table]	I - Non-Derivat	ive Securiti	es Be	neficially Owned			
1.Title of Security (Instr. 4)				int of Securities ially Owned)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*			
Common Stock			1,000		D	Â				
Reminder: Report or owned directly or in	directly.		ch class of securities ber	s s	EC 1473 (7-02)				
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	e II - Deriv	ative Secur	ities Beneficially Owne	ed (e.g., puts, calls.	warrants, onf	ions, c	onvertible securities)			

1. Title of Derivative Security (Instr. 4)	ecurity 2. Date Exercisable an Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

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Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MCQUADE KATHRYN B 6601 WEST BROAD STREET RICHMOND, VA 23230	ÂX	Â	Â	Â			
Signatures							
W. Hildebrandt Surgner for Kath McQuade	ryn B.		03/05/	2012			
**Signature of Reporting Perso	Date						
Explanation of Posponsos:							

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.