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JOHNSON & Form 4 February 22,												
FORM											PPROVAL	
UNITED STAT			CS SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check thi if no long	or										January 31,	
subject to Section 10 Form 4 or Form 5	6. r										Expires: 2009 Estimated average burden hours per response 0.5	
obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17(a) of the		ility Hold	lin	g Com	pany	Act o	of 1935 or Section	on		
(Print or Type R	Responses)											
1. Name and Address of Reporting Person * COSGROVE STEPHEN J(Last)(First)(Middle)JOHNSON & JOHNSON, ONE JOHNSON & JOHNSON VELAZA			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			JOHNSON & JOHNSON [JNJ] 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2006					1	(Check all applicable)			
									Director 10% Owner X Officer (give title Other (specify below) Corporate Controller			
	(Street)			ndment, Da		Original			6. Individual or J	oint/Group Fili	ng(Check	
NEW BRUN	NSWICK, NJ 089	933	Filed(Mon	th/Day/Year))				Applicable Line) _X_ Form filed by Form filed by Person	One Reporting P More than One R		
(City)	(State)	(Zip)	Table	e I - Non-D)eri	ivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any	emed on Date, if 'Day/Year)	3. Transactio Code (Instr. 8)	onA E (1	Disposed Instr. 3,	(A) of (D 4 and (A) or)) 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)	
Common	02/17/2006			Code V A		Amount 503	(D) A	Price (1)	64,621	D		
Common (2)										I	401 (k) and ESOP Savings Plans	
Common									1,338 <u>(3)</u>	Ι	By Daughter	
Common									1,338 <u>(3)</u>	Ι	By Daughter	
Common									1,338 <u>(3)</u>	Ι	By Son	

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
COSGROVE STEPHEN J JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933			Corporate Controller				
Signatures							
Linda E. King, Attorney-in-Fact for Stepher Cosgrove	ı J.	02/22/2006					
**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) Awarded under Issuer's Executive Incentive Plan.
- (2) Shares held under Johnson & Johnson's 401(k) and ESOP Savings Plans as of Plans' most recent reporting date (01/31/2006).
- (3) The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose. Held under UGMA.

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.