## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasiiiigtori, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

OMB Number:	3235-028
Estimated average b	urden
hours per response:	0

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*  ALTRIA GROUP, INC.						2. Issuer Name <b>and</b> Ticker or Trading Symbol KRAFT FOODS INC [ KFT ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ALIKI	A GROU	<u>P, IIVC.</u>										-				Direct	or	X	10% Ov	vner
(Last) (First) (Middle) 120 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 11/07/2006										Officer (give title Other (specify below) below)				specify
					4 1	f Amo	ndmen	t Date	of C	Original E	hali	(Month/D	ay/Year)		6 In	dividual or	loint/Grour	. Eilin	g (Check Ap	nlicable
(Ctroot)					_   4. "	AIIIC	numen	i, Daie	. 01 C	Jilgillal I	iicu	(IVIOITII)D	ay/ rear)		Line		Johnsoroup	) i iiiii	g (Check Ap	plicable
(Street) NEW Y(	ORK N	v	10017													Form	filed by One	e Rep	orting Perso	n
INE VV I	JKK IV	1	10017													Form	filed by Moi	re tha	n One Repo	rting
					-											Perso	n			
(City)	(S	tate)	(Zip)																	
		Tah	le I - Noi	n-Deriv	zative	- Sa	curiti	ρς Δι	can	uired [	)ier	nosad (	of or F	ono	ficiall	v Owne	d			
		IAD	16 1 - 1401			_			-qu	-	JISK					y Owne	u			
Date			2. Trans Date (Month/		ar) l				3. Transaction Code (Instr. 5)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				(A) or 3, 4 and	5. Amou Securiti Benefic	es For ally (D)		n: Direct or Indirect	7. Nature of Indirect Beneficial		
						- 10	(Month/Day/Year)			8)							Owned Following Reported			Ownership (Instr. 4)
										Code V		Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)					
Common Stock 11/07				7/2006	2006			X		930 <sup>(1)</sup> D		)	\$31	276,490,130			D			
		Т	able II -										, or Be ble se			Owned				
1. Title of	2.	3. Transaction	3A. Deeme	2d	4.		T <sub>5 Ni</sub>	ımber	6 5	Date Exer	rieal	ale and	7. Title a	nd		8. Price of	9. Number	of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Day	Date,	Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispo	vative prities priced r osed ) r. 3, 4	Exp	piration D onth/Day/	ate	Amount of		curity	Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
														or	nount umber					
				,	Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	of						
Employee stock	404									(0.1./0.05=	1	40.004	Commo	1,	020				_	
option (right to buy)	\$31	11/07/2006			X			930	01/	/31/2003	06	/12/2011	Stock	'	930	\$0	0		D	

## **Explanation of Responses:**

1. Shares acquired by employee from Altria Group, Inc. pursuant to employee option exercise.

G. Penn Holsenbeck, Vice President, Associate General Counsel and Corporate

11/08/2006

**Secretary** 

\*\* Signature of Reporting Person

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.