FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Rep VOGELSANG FR	5	2. Issuer Name and Ticker or Trading Symbol KRAFT FOODS INC [KFT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) KRAFT FOODS INC. THREE LAKES DRIVI	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/30/2007	Director 10% Owner Officer (give title X Other (specify below) Executive Vice President							
THREE LAKES DRIVE (Street) NORTHFIELD IL 60093 (City) (State) (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 							
Table L. Non-Derivative Securities Acquired Disposed of or Beneficially Owned										

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

1. Title of Security (Instr. 3)	Date (Month/Day/Year)	if any	3. Transa Code (8)	ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ve es d ed nstr.	6. Date Exerc Expiration Da (Month/Day/Y	ate	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: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock options	\$14.42	03/30/2007	03/30/2007	A		6,664		04/02/2007	06/29/2009	Class A Common Stock	6,66 4 ⁽¹⁾	\$14.42	127,027	D	
Stock options	\$15.82	03/30/2007	03/30/2007	A		10,255		04/02/2007	06/22/2007	Class A Common Stock	10,255(1)	\$15.82	137,282	D	
Stock options	\$14.32	03/30/2007	03/30/2007	А		15,480		04/02/2007	06/23/2008	Class A Common Stock	15,480(1)	\$14.32	152,762	D	
Stock options	\$14.42	03/30/2007	03/30/2007	A		19,030		04/02/2007	06/29/2009	Class A Common Stock	19,030(1)	\$14.42	171,792	D	
Stock options	\$16	03/30/2007	03/30/2007	A		23,860		04/02/2007	01/31/2011	Class A Common Stock	23,860(1)	\$16	195,652	D	

Explanation of Responses:

1. In connection with the March 30, 2007 distribution of Issuer's shares previously owned by Altria Group, Inc., the reporting person received share equivalents under Issuer's stock fund. **Remarks:**

/s/ Marc S. Firestone

** Signature of Reporting Person Date

04/03/2007

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.