FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| _ | | | |

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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* MCLEVISH TIMOTHY R | | | | | 2. Issuer Name and Ticker or Trading Symbol KRAFT FOODS INC [KFT] | | | | | | | | | | all app Dired | olicable) | | Ssuer Owner (specify | | |
|--|--|----------|--|--|---|------------------------------|---------|--|---------------------------------|---|------------|-------------|------------------------------|-----------------------|------------------|--|-----------------|---|---|--|
| | ast) (First) (Middle) RAFT FOODS INC. HREE LAKES DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2009 | | | | | | | | | Λ | belov | , | below nd CFO |)`` | | |
| (Street) NORTHI | FIELD | IL | 6 | 60093 | | 4. If | Ame | ndment, | Date o | of Origina | al Filed | d (Month/Da | ay/Yea | ur) | | Indiv ne) X | Forn | n filed by One n filed by Mor | o Filing (Check A e Reporting Per re than One Re | son |
| (City) | | (Sta | | Zip) | n Doriv | rativo | Sor | ouritio | s A or | nuirod | Dic | nocod o | of or | Pon | oficia | Ally. | Own | | | |
| Date | | | | 2. Transa Date (Month/E | action 2A. Dec Execut Pay/Year) if any | | A. Deem | ed Date, | 3. Transa | action | 4. Securit | ies Ac | quired | (A) or | | 5. Amount of Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Class A Common Stock 10/0 | | | | 10/01 | 1/2009 | | | | F | | 5,701 | 1) | D | \$26.01 | | 1 94,163 | | D | | |
| 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 Exercis Price of Derivative Security | on se | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | 5. Nun of Derive Secun Acqui (A) or Dispo of (D) (Instr. and 5 | ative rities ired osed | 6. Date I Expiration (Month/II) Date Exercise | on Dat | | Amo Secu Unde Deriv | Am or Nur of | ount nber | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Withholding of shares of Class A Common Stock to satisfy tax withholding obligations in connection with the vesting of restricted shares awarded under the Issuer's 2005 Performance Incentive Plan.

/s/ Irma Villarreal, by Power of Attorney 10/05/2009

** 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 Number.