**1. Name and Address of Reporting Person**

**JACKSON JEANNE P**

(Last) (First) (Middle)

C/O THE KRAFT HEINZ COMPANY
ONE PPG PLACE, SUITE 3200

(Street)

PITTSBURGH PA 15222

(City) (State) (Zip)

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**2. Issuer Name and Ticker or Trading Symbol**

Kraft Heinz Co [ KHC ]

**3. Date of Earliest Transaction (Month/Day/Year)**

05/07/2020

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**4. If Amendment, Date of Original Filed (Month/Day/Year)**

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**5. Relationship of Reporting Person(s) to Issuer (Check all applicable)**

X Director 10% Owner

Officer (give title below) Other (specify below)

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>05/07/2020</td>
<td></td>
<td>A</td>
<td>3,816(1) A</td>
<td>$28.83</td>
<td>30,552(2) D</td>
<td>V</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

1. Includes 3,816 deferred shares pursuant to an election to receive deferred shares in lieu of a cash retainer. Receipt of the shares is deferred until the six-month anniversary of the reporting person's separation from service as a director of Kraft Heinz.

2. Total number of shares includes 5,245 shares acquired through a dividend reinvestment program.

**Remarks:**

/s/ Heidi Miller, by Power of Attorney 05/11/2020

**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).


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.