

☐ 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

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<p>1. Name and Address of Reporting Person*</p> <p><u>VERNON W ANTHONY</u></p> <hr/> <div style="display: flex; justify-content: space-between;"> (Last) (First) (Middle) </div> <p>KRAFT FOODS GROUP, INC.</p> <p>THREE LAKES DRIVE</p> <hr/> <div style="display: flex; justify-content: space-between;"> (Street) </div> <p>NORTHFIELD IL 60093</p> <hr/> <div style="display: flex; justify-content: space-between;"> (City) (State) (Zip) </div>	<p>2. Issuer Name and Ticker or Trading Symbol</p> <p><u>Kraft Foods Group, Inc.</u> [KRFT]</p> <hr/> <p>3. Date of Earliest Transaction (Month/Day/Year)</p> <p>03/07/2014</p> <hr/> <p>4. If Amendment, Date of Original Filed (Month/Day/Year)</p>	<p>5. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Director</div> <div>10% Owner</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Officer (give title below) Chief Executive Officer</div> <div>Other (specify below)</div> </div> <hr/> <p>6. Individual or Joint/Group Filing (Check Applicable Line)</p> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Form filed by One Reporting Person</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Form filed by More than One Reporting Person</div> </div>
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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 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)
			Code	V	Amount	(A) or (D)	Price			
Common Stock ⁽¹⁾	03/07/2014		A		6,522	A	\$55.65	173,573	D	
Common Stock ⁽²⁾	03/07/2014		A		1,630	A	\$0	175,203	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 Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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				

Explanation of Responses:

1. Deferred compensation units, which will be settled in shares of common stock, issued pursuant to the Issuer's Management Stock Purchase Plan (the "MSPP").
2. Restricted stock units issued pursuant to the MSPP that vest on March 7, 2017.

/s/ Phuong Lam, by Power of
Attorney 03/10/2014

** 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.