

# KKR & CO. INC. Reported by SORKIN DAVID

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 02/24/12 for the Period Ending 02/22/12

Address 9 WEST 57TH STREET, SUITE 4200

NEW YORK, NY, 10019

Telephone 212-750-8300

CIK 0001404912

Symbol KKR

SIC Code 6282 - Investment Advice

Industry Investment Management & Fund Operators

Sector Financials

Fiscal Year 12/31





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

#### UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Expires: November 30,

2011

Estimated average burden STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5

## **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2	. Iss	suer Nam	e a	nd Ticker	or Tradi	ng Symb		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Sorkin David				K	KK	R & Co	). I	L.P. [ K	KR]		(Check an	аррпсас	лсу			
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)						·	or eer (give title	e below)	10% O	wner r (specify	
C/O KKR & CO. L.P., 9 WEST 57TH STREET, 42ND FLOOR												below) General Counsel and Secretary				
5/1H STREE	(Street)	<u> J FLO</u>	<u>OK</u>			Amendm DD/YYYY)		t, Date Ori	iginal File	ed	6. Individu Applicable Li		nt/Group l	Filing (Che	eck	
NEW YORK,	NY 100 (State)	)19 (Zip)	)										Reporting Pe than One Rep		n	
		Table l	I - Non-I	Deriv	vati	ve Secur	itie	s Acquire	ed, Dispo	sed of, o	r Beneficially	y Owned	I			
1. Title of Security (Instr. 3)				2. Tra Date	ans.	2A. Deemed Execution Date, if any	n C	Code Anstr. 8)	Acquired (A) Disposed of (Instr. 3, 4 an  (A) or Amount (D)	or Foll (Ins d 5)	mount of Securitic owing Reported T tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Tab	le II - Dei	rivative	Securitio	es Be	enef	icially O	wn	ned ( <i>e.g.</i> ,	puts, cal	lls, warr	ants, options	, convert	ible secur	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans Code (Instr 8)	s.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date				8. Price of Derivative Security (Instr. 5)	of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	$\left  \mathbf{v} \right $	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	(4)		
Restricted Equity Units	(1)	2/22/2012		A		54811		(1)	(1)	Common Units	54811	\$ 0	54811	D		

#### **Explanation of Responses:**

(1) These restricted equity units were approved for grant under the KKR & Co. L.P. 2010 Equity Incentive Plan and will generally vest in equal annual installments over a three-year period with the initial vesting on April 1, 2013. Upon vesting, each restricted equity unit may be settled by delivery of one common unit of KKR & Co. L.P.

**Reporting Owners** 

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Sorkin David								
C/O KKR & CO. L.P.								
9 WEST 57TH STREET, 42ND FLOOR			General Counsel and Secretary	,				
NEW YORK, NY 10019								

/s/ David J. Sorkin

\*\* 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 control number.