

NOTICE TO EXERCISE SAR

Please complete and return to Equity Administration. Your request cannot be processed without a legible, fully completed notice.

The Procter & Gamble Company Equity Administration	FAX: 513-983-0159 stockopt.im@pg.com	TE-3 G.O. Two Procter & Gamble Plaza Cincinnati, OH 45202
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CHOOSE SERIES TO EXERCISE (Note: The first blank space is for the type of grant, the second blank is for the number of shares to exercise.)

2008 _____ for _____ shares	2012 _____ for _____ shares	2015 _____ for _____ shares
2009 _____ for _____ shares	2013 _____ for _____ shares	2016 _____ for _____ shares
2010 _____ for _____ shares	2014 _____ for _____ shares	2017 _____ for _____ shares

The exercise of a SAR will be valued at the average of the high and low on the New York Stock Exchange on the day your request is processed. This value will be used to calculate taxable income. Skip to next section.

CERTIFICATION OF EMPLOYMENT INTENT (required for "active" employees only)

The right to exercise any stock option or stock appreciation right under The Procter & Gamble Stock Plans is conditional upon certification by the recipient at the time of exercise that the recipient intends to remain in the employ of the Company or one of its subsidiaries for at least one year following the date of exercise. To comply with this certification provision, select one of the following:

☐ 1. I intend to remain in the employ of the Company or one of its subsidiaries (except in the case of retirement or disability) for at least one year following the date of exercise.

Optionee Signature

Date

☐ 2. I intend to leave the Company or one of its subsidiaries within one year following the date of exercise, but I have no intent to engage in any activity that would violate the non-compete, which I have read and understand.
I also understand that it is my responsibility to have this "Notice to Exercise" approved by my Vice President.

Optionee Signature

Date

Vice President Signature*

Date

Print Vice President Name

*This confirms, as required by the Compensation Committee, that the optionee has not acted significantly contrary to the best interests of the Company.

DISBURSEMENT INFORMATION

Proceeds are paid by the host country of record in local currency. In order to verify or change your bank information on file with local payroll please contact your local Employee Service Center.

AUTHORIZATION

☒ Regardless of the Company's withholding obligations, I understand I'm responsible for any taxes due as a result of the exercise.

X _____
Name (please print) Signature (Required) Date

P&G Employment Status active / retired / separated Phone Number _____
(circle one)

P&G Global ID or Pernr _____ E-Mail Address _____

Home Address _____

☒ I permit P&G to update my address of record in P&G's HR database, if needed, by using the address above and by signing below.

X _____
Name (please print) Signature (Required) Date

DISCLAIMER: Procter & Gamble shall have no responsibility for the failure to complete, for any reason, any requested transaction. In the event that the sale price on "Market" orders is lower than the grant price, you must pay the difference to The Company.

In December, we have yearend cut off dates which may impact December exercises and tax reporting *only* and we post information about these dates at www.pg.com/options for your reference. Please refer to this site for further information.

NOTICE: Procter & Gamble collects and processes your personal data in line with applicable laws and regulations and in accordance with Procter & Gamble's Employee Privacy Policy. To review the privacy policy, please go to this page:
<https://www.pg.com/privacy/employee/employeeprivacypolicy.shtml>