

NOTICE TO EXERCISE 06/18

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

| | | |
|---|---|--|
| The Procter & Gamble Company Stock Plan Administration | Phone: 513-983-5125 FAX: 513-983-0159 stockopt.im@pg.com | TE-3 G.O. Two Procter & Gamble Plaza Cincinnati, OH 45202 |
|---|---|--|

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.)

| | | |
|-----------------------------|-----------------------------|------------------------------|
| 2007 _____ for _____ shares | 2011 _____ for _____ shares | Other _____ for _____ shares |
| 2008 _____ for _____ shares | 2012 _____ for _____ shares | Other _____ for _____ shares |
| 2009 _____ for _____ shares | 2013 _____ for _____ shares | Other _____ for _____ shares |
| 2010 _____ for _____ shares | 2014 _____ for _____ shares | |

CHOOSE METHOD OF EXERCISE (Note: exercise of a SAR will automatically result in cash, skip to next section.)

U.S. CITIZENS, PERMANENT RESIDENTS (U.S. Green Card), or currently residing in the U.S: choose one of the following methods:

To receive Cash, select: ↓

Sell All:

Broker sells all shares indicated above.
You receive cash.

_____ Sell at Market
_____ Sell at Limit \$ _____ *

To receive Stock, select one of the following two methods: ↓

Sell to Cover:

Pay no cash. Broker sells enough shares to cover option cost and taxes.
You receive the balance of shares.

_____ Sell at Market
_____ Sell at Limit \$ _____ *
Resulting shares will be deposited into a DSPP account.

Pay Cash:

Pay cash to cover option cost and taxes. You receive shares.
_____ Enclosed is a check for US\$ _____ payable to P&G.
_____ I have transmitted US\$ _____ via wire transfer.
Resulting shares will be deposited into a DSPP account.

Contact Stock Plan Administration for cash payment amount

RESIDENTS OF: Algeria, Bangladesh, Belarus, Bosnia, China, Colombia, Croatia, Greece, India, Indonesia, Kazakhstan, Kyrgyzstan, Lebanon, Macedonia, Malaysia, Mongolia, Montenegro, Morocco, Russia, Senegal, Serbia, South Africa, Sri Lanka, Thailand, Ukraine, Uzbekistan, Vietnam, Yugoslavia check below:

_____ **Sell All:** Broker sells all shares indicated above. You receive cash.
_____ Sell at Market
_____ Sell at Limit \$ _____ *

ALL OTHER OPTIONEES: choose one of the following methods:

To receive Cash, select: ↓

Sell All:

Broker sells all shares indicated above.
You receive cash.

_____ Sell at Market
_____ Sell at Limit \$ _____ *

To receive Stock, select one of the following two methods: ↓

Sell to Cover:

Pay no cash. Broker sells enough shares to cover option cost and taxes.
You receive the balance of shares.

_____ Sell at Market
_____ Sell at Limit \$ _____ *
Resulting shares will be deposited into a DSPP account.

Pay Cash:

Pay cash to cover option cost and taxes. You receive shares.
_____ Enclosed is a check for US\$ _____ payable to P&G.
_____ I have transmitted US\$ _____ via wire transfer.
Resulting shares will be deposited into a DSPP account.

Contact Stock Plan Administration or cash payment amount

*If Limit is not reached by the time of expiration for the grant series indicated above, **the grant will expire unexercised.**

ITALIAN PROSPECTUS AGREEMENT (required for optionees located in Italy only)

By selecting this box, you confirm that you have carefully read and accepted the content of the Prospectus available here: <http://www.pg.com/options>. Without this confirmation you won't be allowed to exercise your stock options.

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.

INDICATION OF INTERNATIONAL ASSIGNMENTS

While you were a P&G employee, please list the countries you have worked in from 1999 – present, as well as the assignment type you had in that country (e.g. WES/International Manager or local employee):

| | | |
|----------------|-------------------------------------|-----------------------|
| _____ location | _____ dates worked in that location | _____ assignment type |
| _____ location | _____ dates worked in that location | _____ assignment type |
| _____ location | _____ dates worked in that location | _____ assignment type |
| _____ location | _____ dates worked in that location | _____ assignment type |

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 P&G Global ID _____ Phone Number _____
(circle one) (if known)

Last 4 digits of Social Security Number (if applicable) _____ 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>