## Edgar Filing: SINEGAL JAMES D - Form 4

SINEGAL JA	MES D												
Form 4 November 17	. 2010												
FORM	Л	STATES						NGE	COMMISSION		PPROVAL 3235-0287		
Check this	s box		Was	hingto	n, 1	D.C. 20	549			Number:	January 31,		
if no longe subject to Section 16 Form 4 or Form 5 obligation	CHANGES IN BENEFICIAL OW SECURITIES ection 16(a) of the Securities Exchang Public Utility Holding Company Act of						ge Act of 1934,	Expires: Estimated a burden hou response	2005 average ırs per				
may contin <i>See</i> Instruct 1(b).		30(h)	of the Inv	/estme	nt (	Compan	y Act	t of 19	40				
(Print or Type R	esponses)												
SINEGAL JAMES D Sy			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol COSTCO WHOLESALE CORP						5. Relationship of Reporting Person(s) to Issuer			
	/NEW [COST]						(Check all applicable)						
(Last)         (First)         (Middle)         3. Date of (Month/D)           999 LAKE DRIVE         11/17/20				-					X Director X Officer (give below)	Officer (give title Other (specify			
ISSAQUAH	(Street)		4. If Amen Filed(Mont			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by M Form filed by M Person		erson		
(City)	(State)	(Zip)	Tabla	I - Nor	n-D¢	rivativa	Socuri	tios A c	quired, Disposed o	f or Bonoficia	lly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any			3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or					5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of			
~				Code	v	Amount		Price	(Instr. 3 and 4)				
Common Stock	11/17/2010			S <u>(1)</u>		8,000	D	<u>(2)</u>	836,888	D			
Common Stock									1,280,649	Ι	By LLC		
Common Stock									39,491	Ι	By GRAT		
Common Stock									39,491	I	By Spouse's GRAT		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title Deriva Securit (Instr.	tive ty 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	of		ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
SINEGAL JAMES D 999 LAKE DRIVE ISSAQUAH, WA 98027	Х		CEO				
Signatures							
Deanna K. Nakashima, attorney-in-fact	11/17/2010						
**Signature of Reporting Person		Date					

## **Explanation of Responses:**

- \* 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).
- (1) This sale was effected pursuant to a 10b5-1 trading plan.

Shares sold as follows: 100 @ 66.30 100 @ 66.33 100 @ 66.35 100 @ 66.36 100 @ 66.37 100 @ 66.39 100 @ 66.41 100 @ 66.42 300 @ 66.43 200 @ 66.44 100 @ 66.45 100 @ 66.46 100 @ 66.47 300 @ 66.50 200 @ 66.51 100 @ 66.52 200 @ 66.53 200 @ 66.54 300 @ 66.55 300 @ 66.56 100 @ 66.58 100 @ 66.61 100 @ 66.62 100 @ 66.63 100 @ 66.67 100 @ 66.69 200 @ 66.72 100 @ 66.75 100 @

(2) 66.55 500 @ 66.75 100 @ 60.55 100 @ 60.51 100 @ 60.02 100 @ 60.05 100 @ 60.07 100 @ 60.07 200 @ 60.72 100 @ 60.75 100 @ 66.75 100 @ 66.78 200 @ 66.79 200 @ 66.80 100 @ 66.82 400 @ 66.85 100 @ 66.86 200 @ 66.88 100 @ 66.89 100 @ 66.90 300 @ 66.93 200 @ 66.94 200 @ 66.96 390 @ 66.97 10 @ 66.97 100 @ 66.98 200 @ 67.02 100 @ 67.03 200 @ 67.04 100 @ 67.05 200 @ 67.06 100 @ 67.08

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.