FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
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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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Re	esponses)																
1. Name and Address of Reporting Person * ISDELL E NEVILLE				2. Issuer Name and Ticker or Trading Symbol COCA COLA CO [(KO)]								4	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner				
(Last) (First) (Middle) THE COCA-COLA COMPANY, ONE COCA-COLA PLAZA				3. Date of Earliest Transaction (Month/Day/Year) 02/19/2009									X Officer (give title below) Other (specify below) Chairman of the Board				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line)X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
ATLANTA, GA 30313 (City) (State) (Zip)				Table I - Non-Derivative Securities Acon									ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea						, if		nsaction	(A) or Dispose		quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownersh Form:	Beneficial	
				(Month/Day/Year)		ear)	Cod	le V	Amount	(A) (D	or	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)		
Common Sto	ck, \$.25 pa	ar value	02/19/2009					A		240,000 (1)	A	\$ 0	785,365			D	
Common Sto	ck, \$.25 pa	nr value											5,475 (2)			I	By 401(k) plan
Reminder: Repor	rt on a separa	tte line for each cla	Table II	- Deri	ivative	Secu	ıritie	es Acq	Perso in this a curr uired, Dis	form are ently valid	not d ON	required //B contro	to respo I numbe	nd unless	mation contai the form disp		C 1474 (9-02)
Derivative Conversion Date		3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date any (Month/Day/Y		4. 5. Nu code ear) (Instr. 8) Des Sec Act (A) Dis of (Instr. 8)		5. Num of Deri Secu Acqu (A) o	vative varities uired or cosed O) cr. 3,	6. Date E	xercisable ration Date	7 0 S	7. Title and of Underlyin Securities Instr. 3 and	ng	Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab	Expirati	ion T	Γitle	Amount or Number of Shares				
Hypothetical shares	\$ 0 ⁽³⁾								<u>(4)</u>	(4)		Common Stock, \$.25 par value	16,959		16,959 (5)	I	By Supplementa Benefit Plan

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
ISDELL E NEVILLE THE COCA-COLA COMPANY ONE COCA-COLA PLAZA ATLANTA, GA 30313	X		Chairman of the Board					

Signatures

/s/ Isdell, E. Neville	02/20/2009
**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) These shares of restricted stock were issued in connection with the attainment of the performance criterion underlying performance share units granted in December 2005.
- (2) Shares credited to my account under The Coca-Cola Company Thrift & Investment Plan, a tax-qualified 401(k) plan, as of February 18, 2009.
- (3) Each hypothetical share is equal to one share of Common Stock of The Coca-Cola Company.
- (4) There is no data applicable with respect to the hypothetical shares.
- (5) As of February 18, 2009.

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.