## FORM 4

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

OMB APPROV	AL					
	3235-0287					
Estimated average burden						
hours per response	0.5					

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 * Anderson Harry L				2. Issuer Name and Ticker or Trading Symbol COCA COLA CO [KO]							Symbol			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) THE COCA-COLA COMPANY, ONE COCA-COLA PLAZA				3. Date of Earliest Transaction (Month/Day/Year) 10/29/2009								r)		X Officer (give title below) Other (specify below)  Senior Vice President				
(Street) ATLANTA, GA 30313				4. If Amendment, Date Original Filed(Month/Day/Year)								Year)		6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City)		(State)	(Zip)				7	Fable 1	I - No	on-De	rivative	Secui	ities Acqu	l iired, Disp	osed of, or I	Beneficially Ow	ned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, if r) any (Month/Day/Year)		e, if	(Instr. 8)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	Beneficial		
				(IVIO	iitii/Da	ау/ 1	car)	Code	e	V	Amount	(A) (D)		(msu. 3 a	nu +)		or Indirect (I) (Instr. 4)	
Common Sto	ck, \$.25 Pa	ar Value	10/29/2009					S			6,755	D	\$ 54.08	29,212			D	
Common Sto	ck, \$.25 Pa	ar Value												1,232 (1	)		I	By 401(k) Plan
			Table II	- Deri	vative	Sec	uritie	es Acqu	ir a	this curr	form a ently va	re no Ilid O	t require	d to respo ol numbe	nd unless	nation contai the form disp		C 1474 (9-02)
		ı		\ Y \		calls	<u> </u>	rrants,	_		onvertib					T		
1. Title of Derivative Security (Instr. 3)  2. Conversion Date or Exercise (Month/Day/Ye Security			4. Transaction Code Year) (Instr. 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		S		te	7. Title an of Underly Securities (Instr. 3 a	nd 4)	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisab		ation	Title	Amount or Number of Shares				
Hypothetical Shares	(2)									(3)	(	<u>3)</u>	Commo Stock, \$.25 Pa Value	3 985		3,985 (4)	I	By Supplementa Benefit Plan

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Anderson Harry L THE COCA-COLA COMPANY ONE COCA-COLA PLAZA ATLANTA, GA 30313			Senior Vice President					

#### **Signatures**

/s/ Harry L. Anderson	10/30/2009
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) Shares credited to my account under The Coca-Cola Company Thrift & Investment Plan, a tax-qualified 401(k) plan, as of October 29, 2009.
- (2) Each hypothetical share is equal to one share of Common Stock of The Coca-Cola Company.
- (  $\bf 3$ ) There is no data applicable with respect to the hypothetical shares.
- (4) As of October 29, 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.