VILLAGE SUPER MARKET INC Form SC 13G/A February 12, 2003

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

SCHEDULE 13G

Under the Securities exchange Act of 1934

(AMENDMENT NO.3) *

VILLAGE SUPER MKT INC	
(NAME OF ISSUER)	
CL A	
(TITLE OF CLASS OF SECURITIES)	
927107409	
(CUSIP NUMBER)	
December 31, 2002	
(Date of event which requires filing of this	Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- X Rule 13d-1(b)
 Rule 13d-1(c)
 Rule 13d-1(d)
- * The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be 'filed' for the purpose of Section 18 of the Securities Exchange Act of 1934 ('Act') or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

(CONTINUED ON FOLLOWING PAGE(S))

1. NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON					
AXA Assurances I.A.	AXA Assurances I.A.R.D. Mutuelle				
2. CHECK THE APPROPRIATE	2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP * (A) [X] (B) []				
3. SEC USE ONLY					
4. CITIZENSHIP OR PLACE (France	DF ORGANIZATION				
BENEFICIALLY OWNED AS OF December 31, 2002	5. SOLE VOTING POWER	66,900			
	6. SHARED VOTING POWER	0			
	7. SOLE DISPOSITIVE POWER	0			
REPORTING PERSON WITH:	8. SHARED DISPOSITIVE POWER	96,700			
REPORTING PERSON	FICIALLY OWNED BY EACH	96,700			
(Not to be construed a	as an admission of beneficial ow	nersnip)			
10. CHECK BOX IF THE AGGRE SHARES *	EGATE AMOUNT IN ROW (9) EXCLUDES	CERTAIN			
11. PERCENT OF CLASS REPRE	ESENTED BY AMOUNT IN ROW 9	6.5%			
12. TYPE OF REPORTING PERS	SON *				
	INSTRUCTIONS BEFORE FILLING OUT!				
, 2FF]	INSTRUCTIONS BEFORE FILLING OUT:				
^ SEE I	INSTRUCTIONS BEFORE FILLING OUT:				
CUSIP NO. 927107409	13G	Page 3 of 13 Pages			
CUSIP NO. 927107409 1. NAME OF REPORTING PERS	13G				
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CUSIP NO. 927107409 1. NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIE AXA Assurances Vie	13G SON FICATION NO. OF ABOVE PERSON	Page 3 of 13 Pages			
CUSIP NO. 927107409 1. NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIE AXA Assurances Vie	13G SON FICATION NO. OF ABOVE PERSON Mutuelle	Page 3 of 13 Pages (A) [X]			
CUSIP NO. 927107409 1. NAME OF REPORTING PERS S.S. OR I.R.S. IDENTIFY AXA Assurances Vie 2. CHECK THE APPROPRIATE	13G SON FICATION NO. OF ABOVE PERSON Mutuelle BOX IF A MEMBER OF A GROUP *	Page 3 of 13 Pages (A) [X]			
CUSIP NO. 927107409 1. NAME OF REPORTING PERS S.S. OR I.R.S. IDENTIFY AXA ASSURANCES VIE 2. CHECK THE APPROPRIATE 3. SEC USE ONLY 4. CITIZENSHIP OR PLACE OF France	13G SON FICATION NO. OF ABOVE PERSON Mutuelle BOX IF A MEMBER OF A GROUP *	Page 3 of 13 Pages (A) [X]			
CUSIP NO. 927107409 1. NAME OF REPORTING PERS S.S. OR I.R.S. IDENTIFY AXA ASSURANCES VIE 2. CHECK THE APPROPRIATE 3. SEC USE ONLY 4. CITIZENSHIP OR PLACE OF France NUMBER OF SHARES BENEFICIALLY OWNED AS OF	13G SON FICATION NO. OF ABOVE PERSON Mutuelle BOX IF A MEMBER OF A GROUP *	Page 3 of 13 Pages (A) [X] (B) []			
CUSIP NO. 927107409 1. NAME OF REPORTING PERS S.S. OR I.R.S. IDENTIFY AXA ASSURANCES VIE 2. CHECK THE APPROPRIATE 3. SEC USE ONLY 4. CITIZENSHIP OR PLACE OF France NUMBER OF SHARES BENEFICIALLY OWNED AS OF December 31, 2002	13G SON FICATION NO. OF ABOVE PERSON Mutuelle BOX IF A MEMBER OF A GROUP * OF ORGANIZATION 5. SOLE VOTING POWER	Page 3 of 13 Pages (A) [X] (B) []			

9.	REPORTING PERSON	FICIALLY OWNED BY EACH as an admission of beneficial or	96,700 wnership)
10.	CHECK BOX IF THE AGGR SHARES *	EGATE AMOUNT IN ROW (9) EXCLUDE:	S CERTAIN
11.	PERCENT OF CLASS REPR	ESENTED BY AMOUNT IN ROW 9	6.5%
12.	TYPE OF REPORTING PER	SON *	
	* SEE	INSTRUCTIONS BEFORE FILLING OUT	!
CUSI	P NO. 927107409	13G	Page 4 of 13 Pages
1.	NAME OF REPORTING PER S.S. OR I.R.S. IDENTI	SON FICATION NO. OF ABOVE PERSON	
	AXA Conseil Vie As	surance Mutuelle	
2.	CHECK THE APPROPRIATE	BOX IF A MEMBER OF A GROUP *	(A) [X] (B) []
3.	SEC USE ONLY		
4.	CITIZENSHIP OR PLACE France	OF ORGANIZATION	
	NUMBER OF SHARES BENEFICIALLY	5. SOLE VOTING POWER	66,900
		6. SHARED VOTING POWER	0
		7. SOLE DISPOSITIVE POWER	0
		8. SHARED DISPOSITIVE POWER	96,700
9.	REPORTING PERSON	FICIALLY OWNED BY EACH	96,700
	(Not to be construed	as an admission of beneficial or	wnership)
10.	CHECK BOX IF THE AGGR SHARES *	EGATE AMOUNT IN ROW (9) EXCLUDE:	S CERTAIN
11.	PERCENT OF CLASS REPR	ESENTED BY AMOUNT IN ROW 9	6.5%
12.	TYPE OF REPORTING PER	SON *	
* SEE INSTRUCTIONS BEFORE FILLING OUT!			
CUSI	P NO. 927107409	13G	Page 5 of 13 Pages

1. NAME OF REPORTING PERSON

S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

AXA Courtage Assurance Mutuelle

۷.	CHECK THE APPROPRIATE	BOX IF A MEMBER OF A GROUP *	(A) [X] (B) []
3.	SEC USE ONLY		
4.	CITIZENSHIP OR PLACE (France	DF ORGANIZATION	
BENEFICIALLY OWNED AS OF December 31, 2002 BY EACH REPORTING	5. SOLE VOTING POWER	66,900	
	6. SHARED VOTING POWER	0	
	7. SOLE DISPOSITIVE POWER	0	
	8. SHARED DISPOSITIVE POWER	96,700	
9.	REPORTING PERSON	FICIALLY OWNED BY EACH	96,700
	(Not to be construed a	as an admission of beneficial ow	nership)
10.	CHECK BOX IF THE AGGRE SHARES *	EGATE AMOUNT IN ROW (9) EXCLUDES	CERTAIN
11.	PERCENT OF CLASS REPRE	ESENTED BY AMOUNT IN ROW 9	6.5%
12.	TYPE OF REPORTING PERS	SON *	
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CUSI	P NO. 927107409	13G	Page 6 of 13 Pages
	P NO. 927107409 NAME OF REPORTING PERS	13G	
	P NO. 927107409 NAME OF REPORTING PERS	13G SON	
1.	NAME OF REPORTING PERSONS.S. OR I.R.S. IDENTIFE	13G SON	
2.	NAME OF REPORTING PERSONS.S. OR I.R.S. IDENTIFE	13G SON FICATION NO. OF ABOVE PERSON	Page 6 of 13 Pages (A) []
 2. 3. 	P NO. 927107409 NAME OF REPORTING PERSONS.S. OR I.R.S. IDENTIE AXA CHECK THE APPROPRIATE	13G SON FICATION NO. OF ABOVE PERSON BOX IF A MEMBER OF A GROUP *	Page 6 of 13 Pages (A) []
 2. 3. 	NAME OF REPORTING PERSONS.S. OR I.R.S. IDENTIFY AXA CHECK THE APPROPRIATE SEC USE ONLY CITIZENSHIP OR PLACE OF France NUMBER OF SHARES	13G SON FICATION NO. OF ABOVE PERSON BOX IF A MEMBER OF A GROUP *	Page 6 of 13 Pages (A) []
 2. 3. 	NAME OF REPORTING PERS S.S. OR I.R.S. IDENTIFE AXA CHECK THE APPROPRIATE SEC USE ONLY CITIZENSHIP OR PLACE OF France NUMBER OF SHARES BENEFICIALLY OWNED AS OF	13G SON FICATION NO. OF ABOVE PERSON BOX IF A MEMBER OF A GROUP *	Page 6 of 13 Pages (A) [] (B) []
 2. 3. 	NAME OF REPORTING PERSONS.S. OR I.R.S. IDENTIFE AXA CHECK THE APPROPRIATE SEC USE ONLY CITIZENSHIP OR PLACE OF France NUMBER OF SHARES BENEFICIALLY OWNED AS OF December 31, 2002 BY EACH	13G SON FICATION NO. OF ABOVE PERSON BOX IF A MEMBER OF A GROUP * OF ORGANIZATION 5. SOLE VOTING POWER	Page 6 of 13 Pages (A) [] (B) []
 2. 3. 	NAME OF REPORTING PERS S.S. OR I.R.S. IDENTIFE AXA CHECK THE APPROPRIATE SEC USE ONLY CITIZENSHIP OR PLACE OF France NUMBER OF SHARES BENEFICIALLY OWNED AS OF December 31, 2002 BY EACH REPORTING	13G SON FICATION NO. OF ABOVE PERSON BOX IF A MEMBER OF A GROUP * OF ORGANIZATION 5. SOLE VOTING POWER 6. SHARED VOTING POWER	Page 6 of 13 Pages (A) [] (B) []

(Not to be construed as an admission of beneficial ownership) 10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES * 11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 6.5% 12. TYPE OF REPORTING PERSON * IC * SEE INSTRUCTIONS BEFORE FILLING OUT! 13G Page 7 of 13 Pages 1. NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON AXA Financial, Inc. 13-3623351 2. CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP * (A) [] (B) [] 3. SEC USE ONLY 4. CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware NUMBER OF SHARES SOLE VOTING POWER BENEFICIALLY OWNED AS OF 6. SHARED VOTING POWER 0 7. SOLE DISPOSITIVE POWER BY EACH REPORTING 8. SHARED DISPOSITIVE POWER PERSON WITH: 9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH 0.0% REPORTING PERSON (Not to be construed as an admission of beneficial ownership) 10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES * 11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 12. TYPE OF REPORTING PERSON *

* SEE INSTRUCTIONS BEFORE FILLING OUT!

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Item 1(a) Name of Issuer:
 VILLAGE SUPER MKT INC

HC

Item 2(a) and (b)

Name of Person Filing and Address of Principal Business Office:

AXA Conseil Vie Assurance Mutuelle, AXA Assurances I.A.R.D Mutuelle, and AXA Assurances Vie Mutuelle, 370, rue Saint Honore 75001 Paris, France

AXA Courtage Assurance Mutuelle 26, rue Louis le Grand 75002 Paris, France

as a group (collectively, the 'Mutuelles AXA').

AXA 25, avenue Matignon 75008 Paris, France

AXA Financial, Inc. 1290 Avenue of the Americas New York, New York 10104

(Please contact Patrick Meehan at (212) 314-5644 with any questions.)

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Mutuelles AXA and AXA - France AXA Financial, Inc. - Delaware

Item 2(d) Title of Class of Securities:

CL A NEW

Item 3. Type of Reporting Person:

AXA Financial, Inc. as a parent holding company, in accordance with 240.13d-1(b)(ii)(G).

The Mutuelles AXA, as a group, acting as a parent holding company.

AXA as a parent holding company.

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NC 	o. of Shares
The Mutuelles AXA, as a group	0
AXA	0
AXA Entity or Entities Common Stock acquired solely for investment purposes: AXA Rosenberg Investment Management LLC	96,700
AXA Financial, Inc.	0
Total	96,700

Each of the Mutuelles AXA, as a group, and AXA expressly declares that the filing of this Schedule 13G shall not be construed as an admission that it is, for purposes of Section 13(d) of the Exchange Act, the beneficial owner of any securities covered by this Schedule 13G.

Each of the above subsidiaries of AXA Financial, Inc. operates under independent management and makes independent decisions.

(b) Percent of Class: 6.5%

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ITEM 4. Ownership as of December 31, 2002 (CONT.)

(c) Deemed Voting Power and Disposition Power:

	(i)	(ii)	(iii)	(iv)
	Deemed	Deemed	Deemed	Deemed
	to have	to have	to have	to have
	Sole Power	Shared Power	Sole Power	Shared Power
	to Vote	to Vote	to Dispose	to Dispose
	or to	or to	or to	or to
	Direct	Direct	Direct the	Direct the
	the Vote	the Vote	Disposition	Disposition
The Mutuelles AXA,				
as a group	0	0	0	0
AXA	0	0	0	0
AXA Entity or Entities				
AXA Rosenberg	66,900	0	0	96,700
Investment Manageme	ent			
LLC				
	0	0	0	0
AXA Financial, Inc.	0	0	0	0
	66,900	0	0	96,700
_	66,900	9	U =======	96,700
·				

Each of the above subsidiaries of AXA Financial, Inc. operates under independent management and makes independent voting and investment decisions.

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- Item 5. Ownership of Five Percent or Less of a Class:
 If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following.
- Item 6. Ownership of More than Five Percent on behalf of Another Person. N/A
- Item 7. Identification and Classification of the Subsidiary which Acquired the Security Being Reporting on by the Parent Holding Company:

This Schedule 13G is being filed by AXA Financial, Inc.; AXA, which owns AXA Financial, Inc.; and the Mutuelles AXA, which as a group control AXA:

- (X) in the Mutuelles AXAs' capacity, as a group, acting as a parent holding company with respect to the holdings of the following AXA entity or entities:
- (X) in AXA's capacity as a parent holding company with respect to the holdings of the following AXA entity or entities: AXA Rosenberg Investment Management LLC
- () in AXA Financial, Inc.'s capacity as a parent holding company with respect to the holdings of the following subsidiaries:
- () Alliance Capital Management L.P. (13-3434400), an investment adviser registered under Section 203 of the Investment Advisers Act of 1940.

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- Item 8. Identification and Classification of Members of the Group. N/A
- Item 9. Notice of Dissolution of Group:

N/A

Item 10. Certification:

By signing below I certify that to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purposes or effect.

Signature

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 12, 2003 AXA FINANCIAL, INC.*

/s/ Alvin H. Fenichel

Alvin H. Fenichel
Senior Vice President
and Controller

^{*}Pursuant to the Joint Filing Agreement with respect to Schedule 13G attached hereto as Exhibit I, among AXA Financial, Inc., AXA Conseil Vie Assurance Mutuelle, AXA Assurances I.A.R.D Mutuelle, AXA Assurances Vie Mutuelle, AXA Courtage Assurance Mutuelle, and AXA, this statement Schedule 13G is filed on behalf of each of them.