### Edgar Filing: Will W Anthony - Form 4

Will W Ant Form 4	thony							
August 31,	2011							
FORM	И 4						OMB APPROVAL	
	Washington, D.C. 20549					OMB Number:	3235-0287	
Check t if no lot subject Section Form 4 Form 5 obligati may co See Inst	nger to 16. or Filed pu ons ntinue.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940					January 31, 2005 verage 's per 0.5	
1(b).								
(Print or Type	Responses)							
1. Name and Will W An	Address of Reporting	Symbo	uer Name <b>and</b> Ticker o 1 dustries Holdings, 1	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)		of Earliest Transaction	(Check all applicable)				
	IDUSTRIES HO ARKWAY NORT )	(Month LDINGS, 08/29	/Day/Year)		Director X Officer (give t below) VP, Manu		Owner r (specify Þist.	
	(Street)		nendment, Date Origin Ionth/Day/Year)	al	6. Individual or Joi Applicable Line) _X_ Form filed by Or			
DEERFIE	LD, IL 60015				Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip) Ta	ble I - Non-Derivative	e Securities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	e 2A. Deemed	3.4. SecuritTransactionor DisposCode(Instr. 3, -	ties Acquired (A) sed of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock, par			Code V Amount	or (D) Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
value \$0.01 per share	08/29/2011		S 2,300	D \$ 187.210	1 19,640 1	D		

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.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	08/29/2011		А	0.7644	<u>(1)</u>	<u>(1)</u>	Common stock, par value \$0.01 per share	0.7644	\$ 1

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Will W Anthony C/O CF INDUSTRIES HOLDINGS, INC. 4 PARKWAY NORTH, SUITE 400 DEERFIELD, IL 60015			VP, Manufacturing & Dist.			
Signatures						
/s/ Douglas C. Barnard, by power of attorney	08	/31/2011				
**Signature of Reporting Person		Date				
Explanation of Responses:						

# planation 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).

Each share of phantom stock is the economic equivalent of one share of CF Industries Holdings, Inc. common stock. Shares of phantom (1) stock are payable in cash following the reporting person's termination of employment with CF Industries Holdings, Inc. and may be transferred by the reporting person into an alternative investment account in accordance with the terms of the plan.

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.