Edgar Filing: Hoker Richard A - Form 4

Hoker Rich Form 4	nard A											
August 31,	2011											
FOR	M 4 UNITED	STATES	SECU	RITIES	S A	ND EX	СНА	NGF	COMMISSIO	A.T.	APPROVAL	
		JIIIL		ashingto						N OMB Number:	3235-0287	
Check this box if no longer										Expires:	January 31, 2005	
subject Sectior Form 4	to SIAIEN n 16. l or	S CHANGES IN BENEFICIAL OV SECURITIES						WNERSHIP OF	Estimated burden ho response	average urs per		
Form 5 obligat may cc <i>See</i> Ins 1(b).	ions Section 17(a) of the l	Public U		old	ling Co	npan	y Act	nge Act of 1934, of 1935 or Secti 940			
(Print or Type	e Responses)											
1. Name and Hoker Ric	Address of Reporting hard A	Person [*]	Symbol	er Name a lustries l				C	5. Relationship o Issuer	of Reporting Pe	rson(s) to	
(Least)	(First) (Middle)				c	-	СГЈ	(Check all applicable)			
(Last) C/O CF IN	3. Date of Earliest Transaction (Month/Day/Year) 08/29/2011					Director 10% Owner X_ Officer (give title Other (specify below) below)						
INC., 4 PA SUITE 40	ARKWAY NORTI 0	H,							,	Corporate Cont	troller	
				4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
DEERFIE	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tal	ole I - Noi	n-D	erivative	Secu	rities A	Acquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution I any (Month/Day/Day)			Date, if Transaction			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned	5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							(A) or		Reported Transaction(s)	(11150.4)	(IIISU: 4)	
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Reminder: R	eport on a separate line	e for each cl	ass of sec	urities be	nefi	cially ow	ned di	rectly	or indirectly.			
						inforı requi	natio red to ays a	n cont o resp	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab								Beneficially Owned securities)	d		
								_				

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	Deri

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8		Securities Acquired (or Dispose (D) (Instr. 3, 4, and 5)	d of	(Month/Day/	Year)	(Instr. 3 and	4)	Secu (Inst
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	08/29/2011		A		0.4532		<u>(1)</u>	<u>(1)</u>	Common stock, par value \$0.01 per share	0.4532	\$ 1
Reporting Owners												
Dor	onting Owner N	Jama / Address				Relatio	nshi	ps				

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Hoker Richard A C/O CF INDUSTRIES HOLDINGS, INC. 4 PARKWAY NORTH, SUITE 400 DEERFIELD, IL 60015			VP and Corporate Controller					
Signatures								
/s/ Douglas C. Barnard, by power of	08	3/31/2011						

**Signature of Reporting Person

attorney

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). **

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.