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CSX CORI Form 4 January 15,												
									OMB	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									NOMB	3235-0287		
	this box			U	,				Expires:	January 31,		
if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. 												
(Print or Type	e Responses)											
	Address of Reporting CLARENCE W	; Person <u>*</u>	Symbol	er Name ar CORP [CS		r Trad	ing	5. Relationship o Issuer				
(Last)	(First) ((Middle)	3. Date of Earliest Transaction					(Check all applicable)				
500 WATER STREET(Month/I 01/13/2			/Day/Year) /2016				Director 10% Owner X Officer (give title Other (specify below) below) President					
JACKSON	(Street)	2		nendment, I onth/Day/Ye	-	al		6. Individual or . Applicable Line) _X_ Form filed by Form filed by Person	One Reporting	g Person		
(City)	(State)	(Zip)	Tal	ble I - Non-	-Derivative	e Secu	rities Acc	uired, Disposed	of, or Benefic	cially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	ed Date, if	3.	4. Securit on(A) or Dis (Instr. 3, 4	ies Ac sposec	equired l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
C				Code V		(D)	Price	(Instr. 3 and 4)				
Common Stock	01/13/2016			А	42,913 (1)	А	\$ 22.35	132,576	D			
Common Stock	01/13/2016			F	11,845 (2)	D	\$ 22.35	120,731	D			
Common Stock								365	I	CSX Corporation 401(k) Plan (3)		
Common Stock								164,274	Ι	Corkie T. Gooden Revocable		

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			Trust (4)
Common Stock	55,000	I	Clarence W. Gooden Irrevocable Trust <u>(5)</u>
Common Stock	125,000	I	Clarence W. Gooden Second Irrevocable Trust <u>(5)</u>
Common Stock	111,278	Ι	Clarence W. Gooden, Revocable Trust <u>(5)</u>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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

Security or E (Instr. 3) Price Deri	saction Date 3A. D /Day/Year) Execu any (Mont		0 . 8) D S A (4 D 0	Number	6. Date Exerc Expiration Da (Month/Day/Y	ite	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
		Code				Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Other					
GOODEN CLARENCE W 500 WATER STREET JACKSONVILLE, FL 32202			President					

Signatures

/s/ Mark D. Austin, Attorney-in-Fact

01/14/2016

<u>**</u>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 awarded pursuant to the CSX 2013 2015 Long Term Incentive Plan.
- (2) Withholding of stock to satisfy tax obligation.
- (3) By Trustee, CSX Corporation Savings Thrift Plan. Reflects equivalent shares of cash value held in CSX Stock Fund, which amounts will fluctuate dependent upon daily net asset value of the fund.

These shares are held in a Trust for the Reporting Person's spouse. The Reporting Person's spouse is the Trustee of the Trust. The(4) Reporting Person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the Reporting Person is the beneficial owner of these securities for the purposes of Section 16 or for any other purpose.

(5) By Trustee, Clarence W. Gooden.

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.