Edgar Filing: CSX CORP - Form 4

CSX CORF)										
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May 06, 20	05										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								MMISSION	OMB Number:	3235-0287	
	Check this box							Expires:	January 31, 2005		
if no longer subject to STATEMENT OF CHANGES IN BENEI						CIAL	OWNE	Estimated average			
Section	16.	SECURITIES						burden hours per			
Form 4 Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response 0.5		
obligati	000						U				
See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
See Inst	ruction	50(II) (nvesunen	n Company	Act	01 1940				
1(b).											
(Print or Type	Responses)										
RATCLIFFE DAVID M Symbol				Ion				. Relationship of Reporting Person(s) to ssuer			
								(Check all applicable)			
(Last)	(First) (Middle)	3. Date of	of Earliest 7	Fransaction			(Check	un applicable)		
				/Day/Year)				X_Director10% Owner			
SOUTHERN COMPANY, 270 05/05/2			2005 <u>—</u>				Officer (give titleOther (specify below)				
PEACHTR	EE ST. NW, BIN	915									
(Street) 4. If Am			hendment, Date Original 6.			6.	6. Individual or Joint/Group Filing(Check				
Filed(Me								pplicable Line) X_ Form filed by One Reporting Person			
ATLANTA	A, GA 30303							_ Form filed by Or _ Form filed by Mo rson			
(City)	(State)	(Zip)								_	
(eny)	(blute)	(Zip)	Tal	ble I - Non-	Derivative S	ecuriti	ies Acquir	ed, Disposed of,	or Beneficially	y Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. Securities Acquired (A)TransactiorDisposed of (D)Code(Instr. 3, 4 and 5)(Instr. 8)				Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common stock	05/05/2005			A <u>(1)</u>	916.5343	А	\$ 40.915	7,976	Ι	By trustee (2)	

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationsh				
	Director	10% Owner	Officer	Other		
RATCLIFFE DAVID M SOUTHERN COMPANY 270 PEACHTREE ST. NW, BIN 915 ATLANTA, GA 30303	X					
Signatures						
David M. Ratcliffe by Gordon F. Bailey Attorney-in-Fact	Ι,	05/06/2005				
**Signature of Reporting Person			Da	ite		
Evenlay attack of Deense						

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).
- Exempt payment of director's fees and/or annual retainer in the form of CSX Common Stock pursuant to the CSX Corporate Stock Plan
 (1) for Directors. The units are payable in cash after the reporting person ceases to be a director or otherwise pursuant to the terms of the CSX Corporation Stock Plan for Directors.
- (2) By Trustee, CSX Corporation Stock Plan for Directors.

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.