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Form 4	E CAROLYN T										
April 16, 2	ЛЛ								OMB A	APPROVAL	
FORM 4 UNITED STATES			ES SECURITIES AND EXCHANGE COM Washington, D.C. 20549						OMB Number:	3235-0287	
Check if no lo subject Section	to SIAIE	MENT OI	Expires: January 31, 2005 Estimated average burden hours per								
Form 4 Form 5 obligat may co <i>See</i> Ins 1(b).								0.5			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> SIZEMORE CAROLYN T			2. Issuer Name and Ticker or Trading Symbol CSX CORP [CSX]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(Last) (First) (Middle)			-	Transactio	n		(Check all applicable)			
CSX COR STREET	PORATION, 500	WATER		/Day/Year) /2010)			Director XOfficer (give below) VP a		% Owner her (specify r	
IACKSON	(Street)	0		nendment, Ionth/Day/Y	Date Origin ear)	nal		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting I	Person	
(City)	(State)	(Zip)	Та	bla I Nor	Domissotis	0 5 00	witing A ag	Person	or Donofici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		d Date, if	3. Transactic Code (Instr. 8)	4. Securit otor Dispos (Instr. 3, 4	ies Ac ed of (4 and 5 (A) or	quired (A) D) 5)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	04/14/2010			Code V M	Amount 11,666 (1)	(D) A	Price \$ 16.0725	23,836	D		
Common Stock	04/14/2010			S	11,666 (1)	D	\$ 55	12,170	D		
Common Stock								14,655 <u>(2)</u>	I	The Carolyn T. Sizemore Living Trust	
Common Stock								16,010	Ι	Executive Deferred Compensation	

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Common Stock							2,201	I	Plan <u>(4)</u> CSX Corporation 401(k) Plar	
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)										
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. Transacti Code (Instr. 8)	TransactionDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option	\$ 16.0725	04/14/2010		М		11,666 (1)	05/07/2006	05/07/2013	Common Stock	11,666

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SIZEMORE CAROLYN T CSX CORPORATION 500 WATER STREET JACKSONVILLE, FL 32202			VP and Controller					
Signatures								
/s/ Ellen M. Fitzsimmons Attorney-in-Trust	04/16/2010							
**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).

The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on
 (1) February 12, 2010. The plan has been approved pursuant to the terms of the Issuer's policies and is part of the Reporting Person's strategy to diversify assets.

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- (2) Since the Reporting Person's last report, 3,224 shares previously owned directly have been contributed to the Reporting Person's living trust.
- (3) By Carolyn T. Sizemore, Trustee.
- (4) By Trustee, CSX Corporation Executive Deferred Compensation Plan.
- (5) 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.

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.