## Edgar Filing: Mancini Lisa A. - Form 4

Mancini Li Form 4	sa A.											
December	10, 2009											
FORM	<b>4</b>	~~.~~~~	~ ~ ~ ~					~ ~ ~ ~ ~ ~ ~ ~ ~ ~		B APPROVAL		
	UNITED	STATES		<b>RITIES</b> ashingtoi				COMMISSIC	N OMB Numbe			
if no lo	this box								Expires	January 31, 2005		
subject to STATEMENT O Section 16. Form 4 or			F CHANGES IN BENEFICIAL OW SECURITIES					/NERSHIP O	Estima	ated average n hours per		
Form 5 obligati may co <i>See</i> Inst 1(b).	ntinue. Section 17	(a) of the P	ublic I		olding Co	mpai	ny Act c	ge Act of 1934 of 1935 or Sect 40				
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> Mancini Lisa A.			2. Issuer Name <b>and</b> Ticker or Trading Symbol CSX CORP [CSX]					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			3. Date	of Earliest '	Transaction	1		(Check all applicable)				
500 WATER STREET, C900			(Month/Day/Year) 12/08/2009					Director 10% Owner X Officer (give title Other (specify below) below) Sr. Vice PresHuman Resources				
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
JACKSON	VILLE, FL 3220		I neu(m	onthis Duys 10	, () ()			_X_ Form filed b				
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativ	e Sect	ırities Ac	quired, Disposed	of, or Bene	ficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	ate, if	Code	4. Securit: on(A) or Dis (Instr. 3, 4	sposed	l 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)		
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock (1)	12/08/2009			А	10,522	А	\$ 47.52	24,526	D			
Common Stock								13,255	I	Executive Deferred Compensation Plan (2)		
Common Stock								2,027	I	CSX Corporation 401(k) Plan (3)		

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
									of		
				Code V	(A) (D)			S	Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Mancini Lisa A. 500 WATER STREET, C900 JACKSONVILLE, FL 32202			Sr. Vice PresHuman Resources				
Signatures							

Lisa A. Mancini by Mark D. Austin, Attorney-in-fact

\*\*Signature of Reporting Person

12/10/2009 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) Restricted stock awarded pursuant to the shareholder-approved CSX Omnibus Incentive Plan. The units vest on December 8, 2014.
- (2) By Trustee, CSX Corporation Executive Deferred Compensation Plan.
- (3) By Trustee, CSX Corporation Tax 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.