Edgar Filing: CF Industries Holdings, Inc. - Form 4

	es Holdings, Inc.										
Form 4											
June 03, 20	_										
FORM	14_{UNITED}	STATES	SFCU	DITIES	AND FY	CHANCE	E COMMISSIO	NT.	PPROVAL		
		SIAILS		ashingtor				N OMB Number:	3235-0287		
Check the check	nger		Expires:	January 31, 2005							
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES								Estimated average			
Form 4				Shee				burden hou response	•		
Form 5	Filed put	suant to S	Section	16(a) of t	he Secur	ities Excha	inge Act of 1934,	•			
obligation may cor				•	•	· ·	t of 1935 or Secti	on			
<i>See</i> Instr 1(b).		30(h)	of the I	nvestmen	t Compa	ny Act of 1	1940				
(Print or Type	Responses)										
1. Name and .	Address of Reporting	Person [*]	2. Issu	er Name an	d Ticker o	or Trading	5. Relationship	of Reporting Per	rson(s) to		
Hoker Rich	hard A		Symbol			C C	Issuer				
			CF Ind	lustries H	oldings,	Inc. [CF]	(Check all applicable)				
(Last)	(First) (Middle)		of Earliest 7	Fransaction	1					
C/O CE IN	DUSTRIES HOL	DINGS		/Day/Year)			Director 10% Owner X Officer (give title Other (specify				
	RKWAY NORTH		03/30/	05/30/2013			below) below)				
SUITE 400		-,					VP and	Corporate Cont	roller		
	(Street)		4. If Am	nendment, E	Date Origin	al	6. Individual or	Joint/Group Fili	ng(Check		
			Filed(M	onth/Day/Ye	ar)		Applicable Line)				
DEEDEIEI	D II (0015						_X_ Form filed by Form filed by	One Reporting P More than One R			
	LD, IL 60015						Person				
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date			3.	4. Securi		5. Amount of	6. Ownership	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transactio Code	onAcquired Disposed		Securities Beneficially	Form: Direct (D) or Indirect	Indirect Beneficial		
(111501. 5)		(Month/D	ay/Year)				Owned	(I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)		
						(A)	Reported Transaction(s)				
				Code V	Amount	or (D) Price	(Instr. 3 and 4)				
Reminder: Re	port on a separate line	e for each cl	lass of sec	curities bene	-	-	or indirectly. spond to the colle	ation of a	SEC 1474		
							tained in this form		(9-02)		
							ond unless the fo				
					num		ntly valid OMB co	ontrol			
	Tab	le II - Deri	vative So	curities A c	mired Di	sposed of or	· Beneficially Owned	đ			
	140					, convertible		•			
1 77.4	2 3 T					<i>.</i>		11 1 7 7			

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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr.	ode Securities hstr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)		Securi (Instr.	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	(1)	05/30/2013		A		0.446		<u>(1)</u>	<u>(1)</u>	Common stock, par value \$0.01 per share	0.446	\$ 194

Reporting Owners

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 attorney	06	5/03/2013					

<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).

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.