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Celanese Co Form 4 May 19, 207 FORN Check th if no lon subject to Section Form 4 Form 5 obligation may cons <i>See</i> Instu- 1(b).	15 A 4 UNITED S his box unit box STATEM 50 Filed pure Section 17(a	IENT OF suant to Se a) of the P	Was CHAN ection 1 ublic Ut	Shington, GES IN SECUR 6(a) of the	D.C. 209 BENEFI ITIES e Securiti ling Com	549 CIA ies E	L OWN xchange Act of	OMMISSION ERSHIP OF Act of 1934, 1935 or Sectior	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type	Responses)										
Nivica Gjon N Jr Symbol			r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle) 3. Date of			of Earliest Transaction Day/Year)				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) SVP and General Counsel				
Filed(Mor				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
	X 75039-5421	(7:						Person			
(City)		(Zip)		e I - Non-D 3.			-	iired, Disposed of,		•	
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securiti n(A) or Dis (Instr. 3, 4)	sposed	of (D)	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)	
Series A Common Stock	05/18/2015			M	7,610	A	\$ 32.35	47,995	D		
Series A Common Stock	05/18/2015			М	10,944	А	\$ 32.51	58,939	D		
Series A Common Stock	05/18/2015			S	16,359	D	\$ 67.3	42,580	D		
Series A	05/18/2015			G	2,990	D	\$0	39,590	D		

Common Stock

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Non-Qualified Stock Option (right to buy)	\$ 32.35	05/18/2015		М	7,610	<u>(1)</u>	10/01/2017	Series A Common Stock	7,6
Non-Qualified Stock Option (right to buy)	\$ 32.51	05/18/2015		М	10,944	(2)	10/01/2018	Series A Common Stock	10,9

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Nivica Gjon N Jr C/O CELANESE CORPORATION 222 W. LAS COLINAS BLVD., SUITE 900N IRVING, TX 75039-5421			SVP and General Counsel				
Signatures							
/s/Jacqueline R. Hall, Attorney-in-Fact for Gjon Nivica Jr.	N.	05,	/19/2015				
<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) Granted pursuant to the Company's 2009 Stock Incentive Plan. The options vested with respect to 25% of the options on each of October 1, 2012, October 1, 2013, October 1, 2013 and October 1, 2014.

Granted pursuant to the Company's 2009 Global Incentive Plan. The original grant of 14,595 options vested with respect to 25% of such options on each of October 1, 2012, October 1, 2013 and October 1, 2014, and will vest with respect to the final 25% of such options,

subject to continued employment, on October 1, 2015. 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.