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NEWMONT MINING CORP /DE/ Form 4 November 04, 2014

November (04, 2014											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287 January 31,				
Check t if no lor subject	nger STATEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF										
Section Form 4 Form 5				RITIES				Estimated burden ho response	urs per			
obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 170	(a) of the l	Public U	Jtility Ho	lding Co	mpa	-	e Act of 1934, 1935 or Section 0	1			
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Goldberg Gary J			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			NEWN [NEM]	/IONT MI	INING (COR	P /DE/	(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					X_ Director 10% Owner X_ Officer (give title Other (specify below) below)				
6363 SOU CIRCLE	TH FIDDLER'S (GREEN	11/04/2	2014				· · · · · · · · · · · · · · · · · · ·	President &	CEO		
	(Street)			endment, D onth/Day/Yea	-	nal		6. Individual or Jo Applicable Line) _X_ Form filed by C	One Reporting F	Person		
GREENW VILLAGE	OOD , CO 80111							Form filed by M Person	lore than One R	leporting		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Seci	urities Acqu	uired, Disposed of	, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemo Execution any (Month/Day/Year)			Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)				(D)	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, \$1.60 par value	11/04/2014			Р	5,000	A	\$ 18.7999	10,000	I	By Gary J & Beth A Goldberg Revocable Trust		
Common Stock, \$1.60 par								72,441	D			

value

1

521 <u>(1)</u> I

Common							
Stock,							
\$1.60 par							
value							

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.

By 401(k) Plan

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

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Goldberg Gary J 6363 SOUTH FIDDLER'S GREEN CIRCLE GREENWOOD VILLAGE, CO 80111	Х		Director, President & CEO			
Signatures						
Stephen P. Gottesfeld, as attorney-in-fact for Gar Goldberg	ry J.	11/04/20	14			
**Signature of Reporting Person		Date				
Evaluation of Decreases						

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) The reported shareholding is based on the Company's estimation of the share value correlated with the number of units in the fund. As of October 31, 2014, the reporting person held 521 shares or 1,908 units of Newmont Mining common stock in his 401(k) Plan. Fluctuation in share estimate since the filing of the last Form 4 reflects changes in the stock price rather than investments or dispositions of units

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within the stock 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.