#### Edgar Filing: FMC CORP - Form 5

Form 5					
February 09, 2015					
FORM 5				OMB AP	PROVAL
	UNITED STAT	ES SECURITIES AND EXCHANGE ( Washington, D.C. 20549	OMB Number:	3235-0362	
Check this box if no longer subject		Expires:	January 31, 2005		
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction	ANNUAL	Estimated av burden hour response			
1(b). Form 3 Holdings Reported Form 4 Transactions Reported	Section 17(a) of th	o Section 16(a) of the Securities Exchang e Public Utility Holding Company Act o h) of the Investment Company Act of 19	of 1935 or Section	I	
1. Name and Address Norris Eric	of Reporting Person *	2. Issuer Name <b>and</b> Ticker or Trading Symbol FMC CORP [FMC]	5. Relationship of I Issuer	Reporting Perso	.,
(Last) (l	First) (Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014	Director Officer (give t	itle 10%	
1735 MARKET S	STREET		below) VP Gl.Bus.l	below) Dir.Health Nur	tition
(5	treet)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi	nt/Group Repo	rting
		- 100((1001112 kg), - 001)	(check	applicable line)	

### PHILADELPHIA, PAÂ 19103

FMC CORP

\_X\_ Form Filed by One Reporting Person \_\_\_\_ Form Filed by More than One Reporting Person

(City)	(State) (	Zip) Table	e I - Non-Deri	vative Sec	curitie	s Acqu	ired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi Acquired Disposed (Instr. 3, Amount	d (A) c d of (E	))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	Â	Â	Â	Â	Â	Â	4,157	D	Â
Common Stock	Â	Â	Â	Â	Â	Â	1,153.915 (1)	I	Thrift Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 2270 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)

(9-02)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. O B O E I S G F I S (I
				(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	Director 10% Owner Officer		Other				
Norris Eric 1735 MARKET STREET PHILADELPHIA, PA 19103	Â	Â	VP Gl.Bus.Dir.Health Nurtition	Â				
Signatures								
/s/ Andrea E. Utecht, as Attorney Norris	in fact fo	or Eric	01/30/2015					
<b>**</b> Signature of Reporting Pe	erson		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) Based on plan statement as of December 31, 2014.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.