Edgar Filing: FMC CORP - Form 4

| FMC CORP | | | | | | | | | | | |
|---|-----------------------------------|--|---|--|-----------|------------------|--|---|------------------|-------------|--|
| Form 4 | | | | | | | | | | | |
| February 18, | 2015 | | | | | | | | | | |
| FORM | 4 | | | | | ~ | | | OMB A | PROVAL | |
| | UNITE | D STATES | | AITIES A | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check thi | | | | 0 / | | | | | Expires: | January 31, | |
| if no long subject to | F CHAN | NGES IN BENEFICIAL OWNERS | | | | NERSHIP OF | Estimated average | | | | |
| Section 16. | | | | SECURITIES | | | | | burden hours per | | |
| Form 4 or Form 5 obligations may continue.responseSee Instruction 1(b).Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | 0.5 | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Norris Eric | | | 2. Issuer Name and Ticker or Trading Symbol FMC CORP [FMC] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| (Lost) | (First) | (Middle) | 3. Date of Earliest Transaction (Chec | | | | | k all applicable) | | | |
| (M | | | 3. Date of (Month/D 02/16/20 | ay/Year) | ansaction | | | Director 10% Owner Officer (give title Other (specify below) VP Gl.Bus.Dir.Health Nurtition | | | |
| | | | | ndment, Date Original hth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| PHILADEL | PHIA, PA 191 | 103 | | | | | | Form filed by M Person | Iore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | and3.4. Securities Acquireda Date, ifTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)Day/Year)(Instr. 8) | | | | d of (D) | Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | | | | | | | | 1,161.982 <u>(1)</u> | Ι | Thrift Plan | |
| Common Stock | 02/16/2015 | | | F | 394 | D | \$ 63.68 | 3,763 | D | | |

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.

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 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Unde Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne 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 | | Officer | Other | | | | |
| Norris Eric 1735 MARKET STREET PHILADELPHIA, PA 19103 | | | VP Gl.Bus.Dir.Health Nurtition | | | | | |
| Signatures | | | | | | | | |
| /s/ Andrea E. Utecht, as Attorne Norris | ey in fact | 02/18/2015 | | | | | | |
| **Signature of Reporting | Person | Date | | | | | | |
| Explanation of Responses: | | | | | | | | |

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 February 13, 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.