## Edgar Filing: PRAXAIR INC - Form 4

PRAXAIR IN	NC											
Form 4	_											
April 30, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								т	OMB APPROVAL			
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMB Number:	3235-0287				
Check this box if no longer									Expires:	January 31,		
subject to	STATE	EMENT O	F CHAN	GES IN BENEFICIAL OW				NERSHIP OF	Estimated	2005 average		
Section 16	Section 16. SECURITIES							burden hou	•			
Form 4 or			~ · · ·		~ .				response	0.5		
Form 5 obligation								ge Act of 1934,				
may conti				-	-			of 1935 or Sectio	n			
See Instru	ction	30(h)	) of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Print or Type R	esponses)											
(												
1. Name and A	ddress of Reportin	ng Person *	2. Issuer	Name and	I Ticker or	Tradin	g	5. Relationship of	Reporting Person(s) to			
LEBOEUF F	RAYMOND W	7	Symbol					Issuer				
			•	RAXAIR INC [PX]				(Charle all anglicable)				
(Last)	(First)							(Cheo	Check all applicable)			
			(Month/Day/Year)					X Director	109	% Owner		
				04/28/2015				Officer (give title Other (specify				
RIDGEBUR	Y ROAD							below)	below)			
	(Street)		4. If Ame	ndment. Da	ate Original			6. Individual or J	oint/Group Fili	ng(Check		
				4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
					,			_X_ Form filed by One Reporting Person				
DANBURY,	, CT 06810-51	13						Form filed by M Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction D	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		on Date, if		ionAcquired			Securities	Form: Direct	Indirect		
(Instr. 3) any (Month/Day/Year)			/Day/Vear)	Code Disposed of (D) ( $V$ (Lastr 8) ( $L$ (Lastr 3 4 and 5)				Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
			(Instr. 8) (Instr. 3, 4 and 5)				Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported	. ,			
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	04/28/2015			А	1,173 (1)	А	\$0	8,626	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

er

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Othe				
LEBOEUF RAYMOND W C/O PRAXAIR, INC. 39 OLD RIDGEBURY ROAD DANBURY, CT 06810-5113	Х							
Signatures								
Anthony M. Pepper, Attorney-in-Fact		04/30/2015						
**Signature of Reporting Person		Date						
Evelopetion of Dev								

## **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) Restricted stock unit award, vesting 100% and payable in shares of Praxair Common Stock on the day before the first annual meeting of shareholders occurring after April 28, 2015 if the awardee is serving on the Praxair, Inc. Board of Directors on that vesting date.

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.